CYPRESS HEALTH REGION

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Annual Report to the Minister of Health

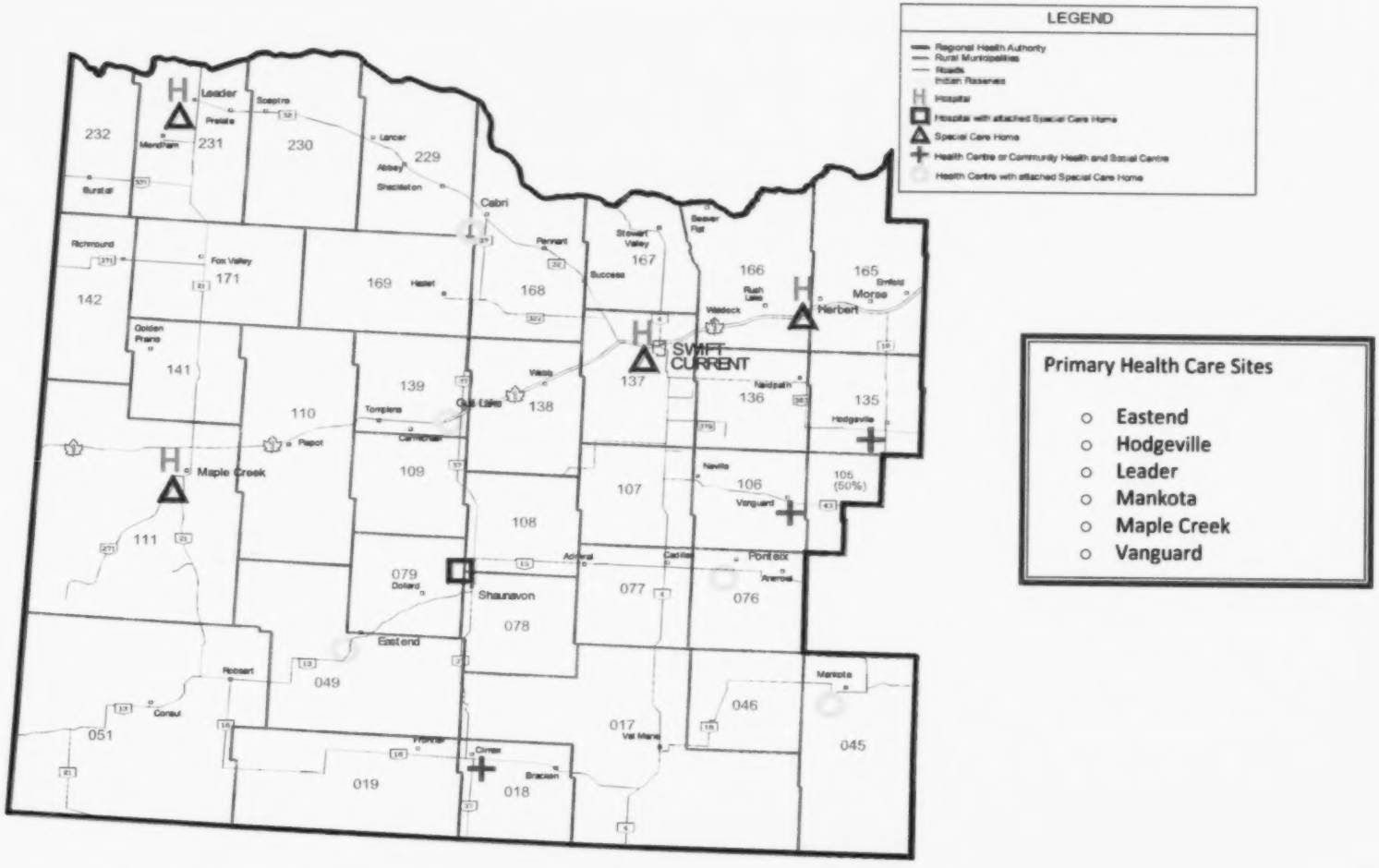
For the fiscal year ending March 31, 2011

AGRÉMENT CANADA
Cypress Health Region
Congratulations on meeting national standards of excellence in quality care and service.
ACCREDITED • AGRÉÉ
2010-2013
Félicitations pour avoir atteint les normes d'excellence nationales en matière de qualité des soins et des services.

For the fiscal year ending March 31, 2011

Saskatchewan Health

Cypress Health Region



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The Cypress Health Region's

Annual Report to the Minister of Health

For the year ending March 31, 2011
can also be accessed on the region's website:
www.cypresshealth.ca/publications.htm

Cypress Hills Interprovincial Park

LETTER OF TRANSMITTAL

TO: The Honourable Don McMorris
Minister of Health

Dear Minister McMorris:

The Cypress Regional Health Authority is pleased to provide you and residents of the health region with its 2010-11 Annual Report. This report provides the audited financial statements and outlines activities and accomplishments of the region for the year ended March 31, 2011.

On behalf of the members of the Cypress Regional Health Authority, I would like to acknowledge the progress and successes that our team of health providers has enjoyed over the 2010-11 fiscal year. Of note, we would like to acknowledge several accomplishments, among many others:

- Successful maintenance of *Accreditation Canada* certification as a nationally-recognized quality health care organization;
- Strategic achievements in relation to the Attendance Support targets as determined by the Ministry's *Strategic and Operational Directions*;
- Continued focus on Lean methodology to increase efficiencies and keep the focus on continuous improvement for the patient;
- Progress towards the renewal of health building infrastructure with the ongoing planning for capital building projects in the communities of Maple Creek, Leader, and Swift Current; and,
- Significant progress made in the *Releasing Time to Care: The Productive Ward™* initiative at the Medical/Surgical and Women and Children's units at the Cypress Regional Hospital.

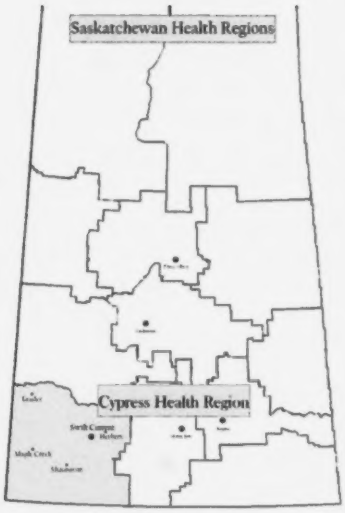
The contributions of our staff and physicians are essential to the successes achieved by the Cypress Health Region. Their ongoing support and dedication to quality health care is to be commended.

We appreciate the positive working relationship that exists with the Ministry of Health and the support that their staff has provided during the past fiscal year. The Cypress Health Region embraces the philosophies of the *Patient and Family Centered Care* initiative, principles of Lean methodology, recommendations of the *Patient First Review*, and the *Accreditation Canada* processes. Our entire team looks forward to enhancing the client experience and continued board/organization development.

Respectfully submitted,

Tyler Bragg
Chairperson
Cypress Regional Health Authority

INTRODUCTION

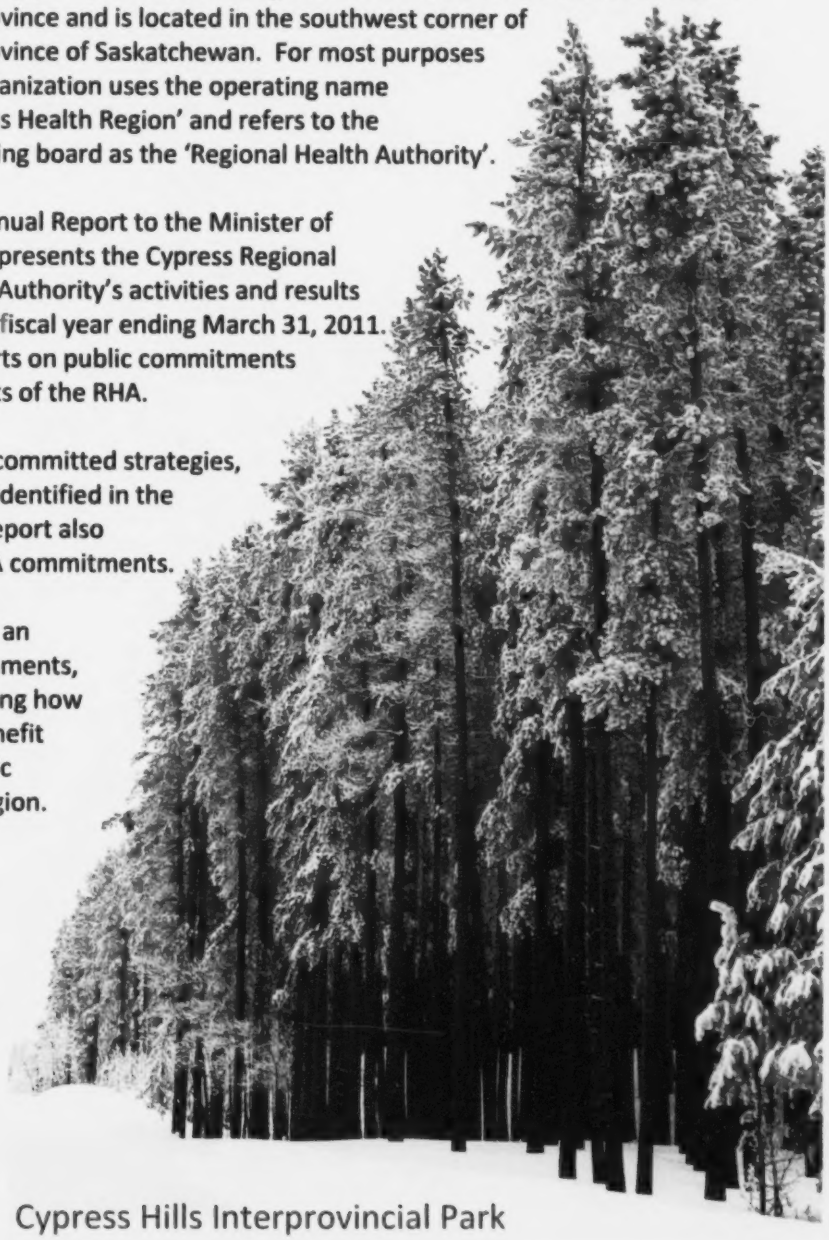


The Cypress Regional Health Authority was established on August 1, 2002 with the proclamation of *The Regional Health Services Act.* The Authority assumed the operations of the former Rolling Hills, Southwest, and Swift Current Health Districts as of this date. The Cypress Regional Health Authority (RHA) is one of 12 Regional Health Authorities that exist within the province and is located in the southwest corner of the province of Saskatchewan. For most purposes the organization uses the operating name 'Cypress Health Region' and refers to the governing board as the 'Regional Health Authority'.

The Annual Report to the Minister of Health presents the Cypress Regional Health Authority's activities and results for the fiscal year ending March 31, 2011. It reports on public commitments made and other key accomplishments of the RHA.

Results are provided on the publicly committed strategies, actions, and performance measures identified in the health region's strategic plan. This report also demonstrates progress made on RHA commitments.

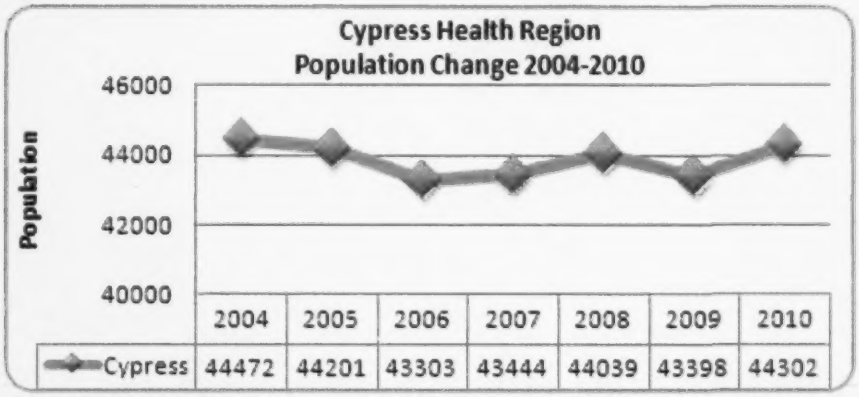
The 2010-11 Annual Report provides an opportunity to assess the accomplishments, results, lessons learned, and identifying how to build on past successes for the benefit of the residents within the geographic boundaries of the Cypress Health Region.



Cypress Hills Interprovincial Park

Overview of Cypress Regional Health Authority

As a vital partner with the provincial government and the Ministry of Health, the Cypress Health Region provides health services to nearly 80 rural and urban municipalities in the geographically diverse southwest corner of Saskatchewan. The region stretches from the South Saskatchewan River (its northern border) to the United States of America (southern border) to Alberta (western border) and east until the Morse/Mankota area. It currently has a population of 44,302 residents (as per the Ministry's *Covered Population Report* dated June 30, 2010) spread over a land mass of approximately 44,000 square kilometers. The region has a diverse population including 30 Hutterite communities (approximately 50% of all Hutterite communities in the province) and one First Nations community. Nearly 5% of the health region's population is comprised of the Hutterian culture.



Source: Health Information Solutions Center, Saskatchewan Ministry of Health, Covered Population

Services

As of March 31, 2011 Cypress Health employed 1,657 staff members who provide a wide variety of facility-based and community-based programs and services in our 20 facilities, communities, and individual's homes. The regional office is located in the city of Swift Current which is the largest community in the region and the location of its only specialized Regional Hospital.

Services provided throughout the region include: acute care (1 Regional Hospital and 4 community hospitals), specialized acute care services (renal dialysis, community oncology, computed tomography, surgery, intensive care, obstetrical, etc.), health centres, primary health care sites, long term care (10 communities with facilities), emergency medical services (21 ambulances in 12 ambulance sites), home care, chronic disease management, mental health and addictions, and population health. Community health services are provided via community facility locations and other buildings. The region's website (www.cypresshealth.ca) includes more information on the services provided at each site throughout the health region.

On the right is a sampling of service volumes provided in 2010-11 in the Cypress Health Region.

CYPRESS HEALTH REGION

Service	2010/11	2009/10	Variance
Inpatient Days	25,881	29,173	11.3% ↓
Inpatient Days - Newborn	914	870	4.8% ↑
Chemotherapy - Treatments	1,142	988	13.5% ↑
Laboratory - Outpatient Visits (Hosp.)	44,473	45,429	2.1% ↓
Addiction Services - Total Hours	5,391	5,489	2.0% ↓
Community Therapy - Total Visits	4,263	4,254	0.2% ↑
EMS Code 4 Calls - (Emergency Calls)	1,112	1,059	4.8% ↑

Partners and Health Care Organizations

The Cypress Health Region works closely with a number of independent health care organizations and third party health service providers to deliver programs and services to residents of our health region. *The Regional Health Services Act* defines a 'health care organization' (HCO) as:

- *A prescribed organization that receives funding from a RHA to provide health services; or,*
- *An affiliate, other than the RHA, that operates a hospital or not-for-profit special care home.*

Under the legislation, HCOs must provide health services consistent with the health region's operational plan and must conduct their activities and affairs in a manner that is consistent with and reflects the health goals and objectives of the RHA and the Minister of Health. Contractual agreements are in place between the RHA and the HCO that set out the health services to be provided by the HCO and the funding to be received through the health region. HCOs are required to submit audited financial statements and statistical information to the health region.

These relationships include:

- Foyer St. Joseph – affiliate organization. They provide long term care services in the community of Ponteix and are physically integrated with the region-owned Ponteix Health Centre facility.
- Private Ambulance Service Operators – located in the communities of Frontier, Gull Lake, Swift Current, Ponteix, and Val Marie.
- McKerracher Support Services Inc. – provider of independent living services for individuals suffering from a long-term mental illness.
- Canadian Mental Health Association – provider of day programming for individuals suffering from long-term psychiatric disorders.

The health region has a representative that attends and participates in meetings of the McKerracher Support Services and Canadian Mental Health Association Boards. This relationship is intended to provide support, consultation, and liaison function between the organization and the health region. In addition, monthly program meetings are held between representatives of the organizations and health region where joint client case planning is coordinated.

Governance

According to *The Regional Health Services Act*, there are to be 12 members serving on the Cypress Regional Health Authority and they are appointed by the Lieutenant Governor in Council. These members represent the diversity of the health region from a mixture of rural and urban backgrounds.

As of March 31, 2011 a total of 10 members governed the Cypress Regional Health Authority. These members were announced by the Minister of Health in February 2009 and appointed for a three-year term which will expire in February 2012. The current members are:

- Tyler Bragg – Swift Current (Chairperson; Member of Executive Committee)
- Ronald Heeg – Swift Current (Vice-Chairperson; Member of Executive Committee)
- Pam Busby – Leader
- John Duncan – Maple Creek
- Don Lewis – Maple Creek
- Lyle Quintin – Swift Current (Member of Executive Committee)
- Judy Smith – Mankota
- Larry Stephens – Swift Current (Member of Executive Committee)
- Brian Whiteside – Swift Current
- Terry Wilson – Morse

*** Departure from the Cypress Regional Health Authority in May 2010 - Elaine Anderson (Frontier)*

The Regional Health Services Act defines the roles and responsibilities of the Minister of Health and the Regional Health Authority. The Minister and the Regional Health Authorities work in conjunction to ensure coordinated province-wide planning for the health system.

The RHA is responsible for the planning, organization, delivery, and evaluation of the health services it is to provide within its region or any other area directed by the Minister. Specifically, the RHA is responsible for:

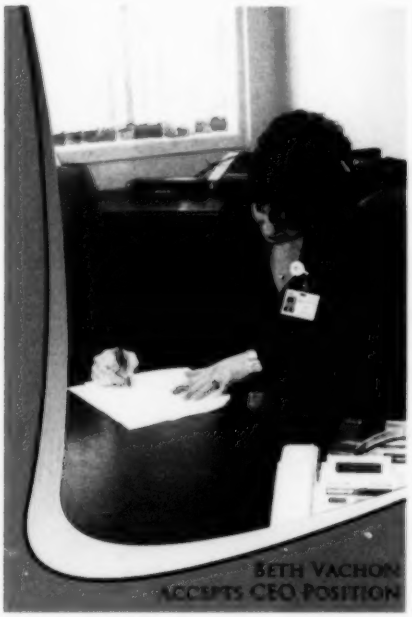
- Strategic planning;
- Fiscal management and reporting;
- Building and maintaining key relationships with stakeholders;
- Quality management initiatives;
- Monitoring, evaluation, and reporting of performance indicators; and,
- Monitoring the management and performance of the Authority and Chief Executive Officer.

The Cypress Regional Health Authority discusses issues as a committee-of-the-whole and is supported by the existence of an Executive Committee, whose responsibilities are determined by Authority-approved Terms of Reference. The Authority will utilize ad hoc committees, whose membership will consist of Authority members, the Chief Executive Officer, and other members of the Senior Leadership Team (when required) to deal with specific issues.

To support the Authority in fulfilling its responsibilities, members participate in a variety of other committees including (but not limited to) the Leadership and Partnerships Quality Team, other Quality Teams, Ethics Committee, Community Leadership Networks, provincial Governance Committee, and the Saskatchewan Association of Health Organizations (SAHO) Board of Directors.

Board members report to their colleagues at regular monthly Board meetings regarding their participation in, and activities of, the committees.

The RHA welcomed a new Chief Executive Officer during 2010-11 with the selection of long time senior manager Beth Vachon into the region's leadership role. The senior leadership team structure was revised with the amalgamation of two health services positions, with the Executive Director Health Services now responsible for all health services and community health services and programs.



Community Consultations

The Regional Health Services Act requires each Authority to develop a process where public input and feedback is solicited to provide the Authority with advice respecting the provision of health services in the health region. These opportunities to consult with the 'community' provide information on broad issues related to the health of the community and help the Authority to better understand the needs and priorities of communities and their residents.

In the past, a series of five geographically-established Community Leadership Networks was established. These networks were comprised of representatives from the 80 municipal councils within the health region's boundaries. Discussions have taken place with each of the Networks on an individual basis and in a collective effort – however, there have been no 'formal' Network meetings scheduled during the 2010-11 fiscal year.

Instead, the Authority has extensively utilized a more informal community consultation structure that takes advantage of existing intersectoral relationships that are already in place. Board and administration representatives have welcomed the opportunity to visit municipal councils across the region to discuss health care concerns and issues specific to that community and surrounding area. This approach will continue into the future as the Board attempts to enhance its open and transparent relationship with its municipal partners. A prime example of these municipal meetings have been the extensive conversations with municipal and community leaders in Cabri and Gull Lake, as the two communities experience temporary disruptions of service due to the unavailability of appropriate levels of professional nursing and physician on-call coverage.

During the fiscal year, there has been extensive consultation with groups of municipal councils and community champions in relation to the planning of capital projects in Maple Creek, Swift Current, and Leader. As well, the partnership established with the Chinook School Division, which has very similar geographical boundaries with Cypress Health, has been continued and enhanced with joint discussions and ventures on specific issues.

Other consultative processes that are being utilized include discussions at Regional Intersectoral Committee meetings, Southwest Municipal Government Forums, Chambers of Commerce, education and community stakeholder groups, and former health district-related advisory and trust committees. Specific examples include emergency medical services staff relationship with Emergency Measures Organizations (EMO) across the region, development of Community Action Teams to engage communities in the Population Health Promotion Strategy and the Southwest Drug Strategy Committee, Southwest Youth Council, and primary health care staff interactions with communities.

Emerging Health Issues

Emerging health threats can happen at any location within the health region, the province, nationally, or internationally. In conjunction with the Ministry of Health and Health Canada, the Cypress Health Region maintains an awareness of issues and deals with them on a priority basis.

The ever-increasing emphasis directed to **chronic disease management** will continue to play a role in our program and service delivery into the future. The incidence of diabetes, cardiac-related diseases, pulmonary infections, asthma, and other chronic diseases are increasing and strategies to combat the risk factors associated with these diseases will assist in addressing them. Continued partnerships with the Health Quality Council and *Safer Healthcare Now!* offer the health region with opportunities to address this ever-growing population health concern.

The presence of viruses and other illnesses in our facilities and throughout southwest Saskatchewan have had a major impact on the health region over the past years. The region's expanded orientation program has a greater emphasis on the necessities for proper **infection control measures** to be practiced and what to do when faced with an infection control issue. Continued educational awareness of the necessities for proper infection control by our staff and the general public can go a long way in reducing the spread of viruses and illnesses.

STRATEGIC DIRECTION

The Minister of Health is responsible for the overall strategic direction of Saskatchewan's health system, determining provincial health service priorities, and allocating resources for service delivery. The Regional Health Authority is responsible for the planning, organization, delivery, and evaluation of the health services it provides within the boundaries.

An *Accountability Document* between each RHA and the Ministry of Health further specifies the organizational program and service expectations for each RHA and links expectations with funding. It complements existing legislation, regulations, contracts, and ministerial directives and policies. All assumptions, accountabilities and expectations of the RHA are prepared within the strategic framework outlined in the Ministry's *2010-11 Strategic and Operational Directions for the Health Care Sector* (SOD).

Ministry of Health Four Pillars for Planning

Strategic Focus	1. HEALTH OF THE INDIVIDUAL	2. HEALTH OF THE POPULATION	3. PROVIDERS	4. SUSTAINABILITY
Goals	1.1 Improve the individual experience by providing exceptional care and service to its customers that is consistent with both best practice and customer expectations.	2.1 Improve population health through health promotion, protection and disease prevention.	3.1 Work together to build a work place that models our values.	4.1 Achieve best value for money while improving the patient experience and population health. (NEW GOAL)
	1.2 Achieve timely access to evidence-based and quality health services and supports.	2.2 Collaborate with communities, other ministries and different levels of government, to close the gap in health disparities.	3.2 Work together to create safe, supportive and quality work places.	4.2 Improve transparency and accountability through measurement and reporting. (NEW GOAL)
	1.3 Continuously improve health care safety in partnership with patients and families.		2.3 Develop a highly skilled, professional and diverse workforce with a sufficient number and mix of service providers.	4.3 Strategically invest in facilities, equipment and information infrastructure to effectively support operations.
5. SUPPORTIVE PROCESSES	5.1 Benchmark and model world-class high-performing health systems	5.2 Achieve system-wide performance improvement and culture of quality through the adoption of Lean and other quality improvement methodologies.	5.3 Leverage technology to achieve improvements in patient care and system performance	

It is the intention of the Cypress Regional Health Authority to strategically align itself as an essential contributing partner in the delivery of health care services in the province of Saskatchewan. As such, our priorities are closely guided by the Ministry of Health's 'Pillars for Planning'.

The Cypress Health Region is supportive of the strategic direction set out in the provincial government's approach for health care. In consideration of this support, the RHA developed a series of strategic statements that reflect the provincial approach to continuous improvement and our commitment to health care quality for the people of southwest Saskatchewan.

A revised strategic plan for the Cypress Health Region was implemented on April 1, 2010 and is reflective of the planned strategic focus areas for the 2010-2013 fiscal years. The RHA and Senior Leadership Team received input from staff, physicians, and other stakeholders to develop the new strategic direction including a new vision statement, mission statement, value statements, and focused areas of attention which mirror the Ministry's 'Pillars for Planning'.

Our Vision

Leaders in Rural Health Excellence

Our Mission

Within Saskatchewan's health care system, Cypress Health delivers safe, quality services to each person.

Our Values

Safety - *assessing all situations for risk and acting accordingly.*

Compassion - *behaving towards another person as if their entire experience to this moment is your own.*

Respect - *treating others the way you would prefer to be treated - kindly, courteously, tactfully.*

Accountability - *assumption of responsibility for actions. It is not only what we do, but also what we do not do.*

Excellence - *continually striving to do our best in every situation.*

August 2010

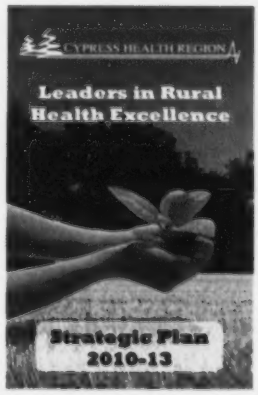
CYPRESS HEALTH REGION

It also took into account a variety of other organizations and sources to provide guidance and direction. These included, among others:

- Ministry's supporting frameworks and documents including the 'Voice of the Customer', 'Customer Engagement and Service Delivery Expectations', and 'Patient Family Centered Care';
- the *Patient First Review*;
- Accreditation Canada;
- Health Quality Council of Saskatchewan;
- Best Practice research and programming from high performing health organizations across the world;
- Feedback from community consultations; and
- Local customer feedback mechanisms.

More information about the *2010-2013 Strategic Plan* can be found on the region's website at www.cypresshealth.ca/board.htm.

The plan includes a strategic regional and program-specific 'scorecard' which serves as a key summary tool to guide staff with operational planning and as the RHA's ability to be accountable and transparent. The scorecards have been developed to reflect the Ministry's SOD relating to the establishment of targets, provincial and regional initiatives, performance measures, and the tracking of results on a quarterly basis. The RHA receives regular quarterly updates on the status of the region's performance against its stated performance measure requirements and the activities in place targeting the achievement of them.

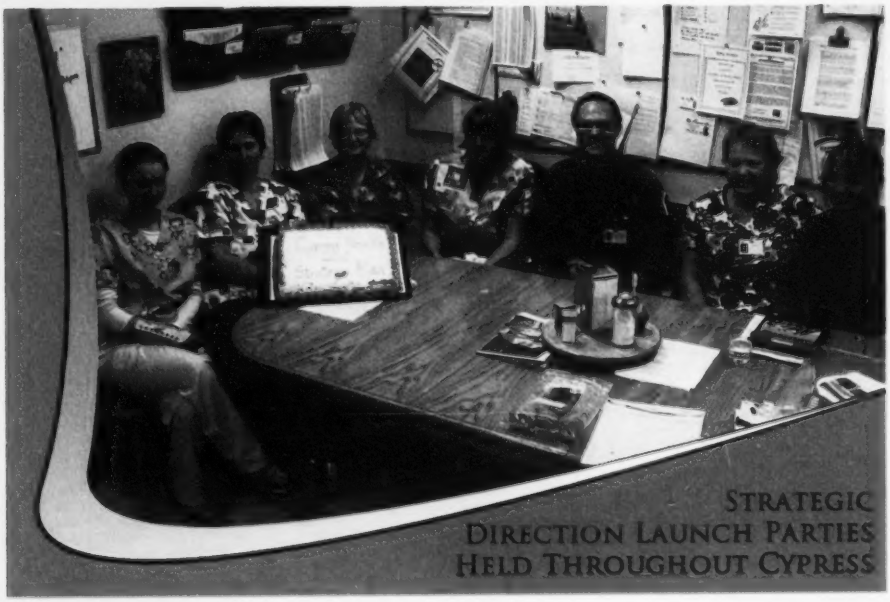


As is always the case, a variety of external issues, factors, trends, opportunities, and threats are taken into account when exploring options for program and service delivery:

- Continual depopulation of our rural areas, especially amongst our younger to middle-aged population groups as we continue to find challenges with appropriate and sufficient numbers of staffing availability;
- Continued emphasis on the recruitment of physicians in conjunction with local community physician recruitment committees and the College of Physicians and Surgeons of Saskatchewan;
- Trending shortages of health care professionals available in rural areas – may have to consider alternate care delivery processes in lieu of registered nursing coverage or availability of general practitioner on-call services;
- Culture of safety – strategy development to maintain current technology and best practises to keep our staff and patients safe;
- Continued emphasis on 'putting the patient first' – best practice consideration of Patient Family Centered Care approaches in everyday activities and planning exercises, relationship building, engagement with patients and their families;
- Rapid pace of emphasizing the necessity to constantly explore opportunities for quality improvement activities and means of finding efficiencies – Releasing Time to Care™, Lean, Patient Family Centered Care, Accelerating Excellence, Institute of Health Improvement's Perinatal Collaborative, provincial Shared Services processes, ongoing emphasis on Cypress' CHESS program, among others.

Along with the many challenges that health care is associated with, there are many opportunities that Cypress Health wishes to take full advantage of. The health region is working hard to create a quality working environment for our health care team and, equally as important, we are seeking out new ways to share our expertise and knowledge with patients so that they can make the most of their health and well-being.

Cypress Health will continue to dedicate the resources available to us towards the attainment of our strategic vision statement – *'Leaders in Rural Health Excellence'*.



STRATEGIC DIRECTION LAUNCH PARTIES HELD THROUGHOUT CYPRESS

PROGRESS AND PERFORMANCE

The Ministry of Health has set annual accountability expectations of Cypress Health for performance monitoring, regular reporting, and performance assessment. In addition, the Ministry's *Strategic and Operational Directives for the Health Sector* (SOD) identifies specific measures, targets, and initiatives to complement the program expectations within the *Accountability Document* and the *Pillars for Planning*. This information is captured within the Regional Scorecard and presented to the RHA on a quarterly basis.

Cypress Health's strategic plan and scorecard reporting tool mirrors the Ministry's strategic direction and is captured in five strategic focus areas to provide a balanced perspective of the region's performance. A summary of the RHA's key results, activities, accomplishments, and outcomes in 2010-11 are provided below.

Strategic Focus #1 – Health of the Individual

Desired Accomplishment: *Improve the individual experience by providing exceptional care and service to customers that is consistent with both best practice and customer expectations.*

Initiatives, Measures, Results

Upon discharge, hospital patients receive a 'HQC Patient Experience in Acute Care Survey'. This survey is coordinated by the Health Quality Council and it collects a variety of data including the following measures that monitor and track the performance in the area of acute inpatient care. The Health Quality Council offers an online version of these performance results and many more at www.qualityinsight.ca

Clients rating their hospital experience as 10 on a scale of 1-10

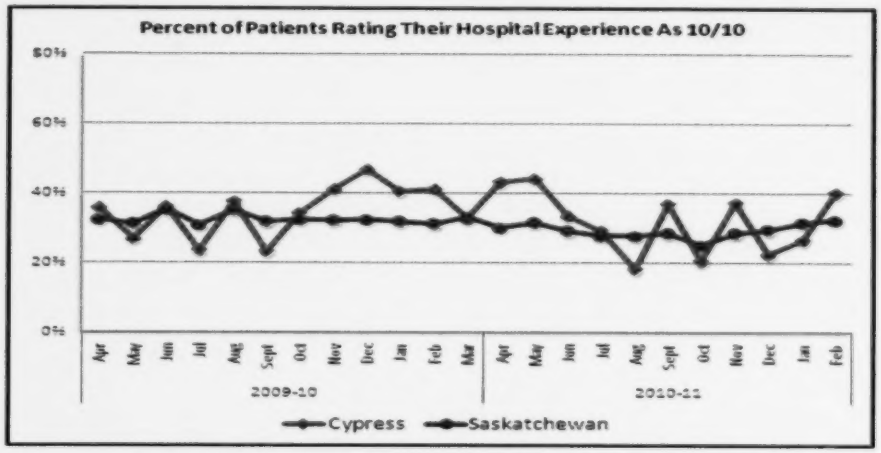
This indicator reports on the percent responding 10/10, because evidence has shown that patient satisfaction scores are consistently skewed to the upper end of the scale. So, in order to obtain a true reading of exceptional care, the health system must focus on the proportion of patients who select the "top box" – the highest possible score as their response.

This indicator reflects current best practice in measuring the patients' experience of exceptional care. It also is the best information currently available in Saskatchewan to respond to the *Patient First Review* and report on patients' perceptions of their experience of their care in hospital.

In the case of the "Best Possible Hospital" question, where patients are asked to rate the hospital on a scale from 0 to 10, some people have commented that '10' is a pretty lofty goal for our hospitals. Fred Lee, author of *If Disney Ran Your Hospital: 9 ½ things you would do differently*, makes a compelling argument for the fact that anything less than the top score does not gain customer (or patient) loyalty. "Loyalty is harder to achieve than satisfaction, but it is not as hard as one might think. Whereas a patient who remembers nothing in particular about their hospital stay might give a 7 – 9 on the 10-point scale, a truly content patient will offer a '10'. This patient is also much more likely to share their positive story with friends and family." The trick to getting a '10', Lee explains, is simply for somebody (not everybody) to do something special beyond what is expected. It is the unexpected event that makes a stay memorable.

- *Fred Lee*
If Disney Ran Your Hospital

In the past two years (2009/10; 2010/11), Cypress Health Region has seen a monthly fluctuation (between 20% and 45%) in the percentage of patients rating their hospital stay as a 10. This fluctuation is likely due to the relatively small number of responses received from patients each month. Despite this limitation, it is apparent that Cypress' results have generally hovered around the provincial average (approximately 30%), with no consistent increases or decreases occurring over the timeframe.

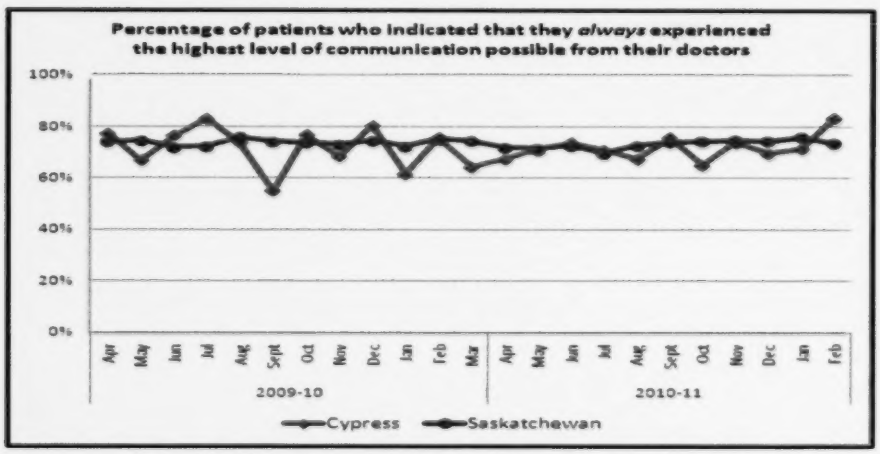


Source: Health Quality Council Patient Experience Survey, Quality Insight

Communication with Doctors

Communication with doctors has been identified by patients to be an important aspect of hospital experience reflecting on the quality of the hospital care they received. This is a composite indicator made of three individual questions:

- 'During this hospital stay, how often did doctors treat you with courtesy and respect?'
- 'During this hospital stay, how often did doctors listen carefully to you?'
- 'During this hospital stay, how often did doctors explain things in a way you could understand?'



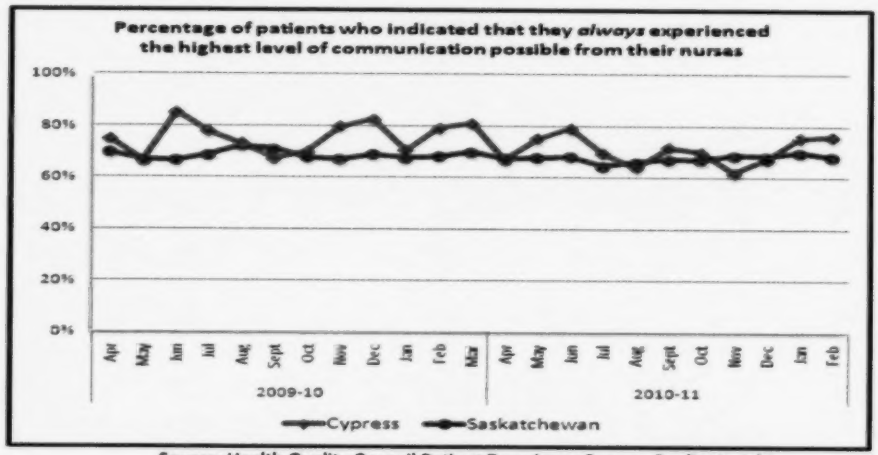
Source: Health Quality Council Patient Experience Survey, Quality Insight

The results in the graph on the previous page depict the percentage of patients who indicated that they ***always*** experienced the highest level of communication possible from their doctors. Throughout the timeframe, the results for Cypress Health Region have generally been close to the provincial average of about 73%, the monthly results varying between above and below average. Currently, the results do not indicate either an increasing or decreasing trend for this indicator.

Communication with Nurses

Communication with nurses has been identified by patients to be an important aspect of hospital experience reflecting on the quality of the hospital care they received. This is a composite indicator made of three individual questions:

- 'During this hospital stay, how often did nurses treat you with courtesy and respect?'
- 'During this hospital stay, how often did nurses listen carefully to you?'
- 'During this hospital stay, how often did nurses explain things in a way you could understand?'



Source: Health Quality Council Patient Experience Survey, Quality Insight

The results in the above graph depict the percentage of patients who indicated that they ***always*** experienced the highest level of communication possible from their nurses. In 2009/10 and 2010/11, Cypress Health Region was regularly above the provincial average (approximately 68%) on this indicator, with results ranging from 62% to 85%. A dip in the percentage was seen in the middle of 2010/11, but results for the end of the year suggest a recovery to above average, not a decreasing trend.

Desired Accomplishment: ***Achieve timely access to evidence-based and quality health services and supports.***

Initiatives, Measures, Results

In conjunction with the Ministry of Health and other RHAs, Cypress Health is continuing to explore strategies to improve the efficiency, appropriateness, and effectiveness of processes involved in the delivery of surgical and diagnostic imaging procedures. As part of the *Patient First Review* and the *Sooner, Safer, Smarter: A Plan to Transform the Surgical Patient Experience* strategic documents, Cypress Health looks forward to playing a major role in the provincial goal to reduce surgical waitlists to less than three months for elective surgeries by the year 2014.

SURGICAL INITIATIVES:

Number of surgeries performed - negative variance of 166 actual surgical cases completed versus the target number of cases (an achievement level of 92%) during 2010-11. The region had only one permanent general surgeon for this reporting year which presented the biggest challenge to meeting the year's objective for total number of surgeries, and also presented challenges in maintaining a consistent 24/7 emergency general surgery coverage. A second general surgeon has been recruited and it is anticipated that the region's general surgical cases will increase by a minimum 250 cases in 2011-12.

The number of surgical cases on the waiting list for urology and gynaecology dropped to virtually nothing, but it was discovered that many of these surgical cases were seeking surgical care for these specialty areas outside of the health region. Discussions with family physicians and surgeons are being held to determine the reasons for this out-migration, as the great majority of the patients could have had their surgical procedure completed at the Cypress Regional Hospital.

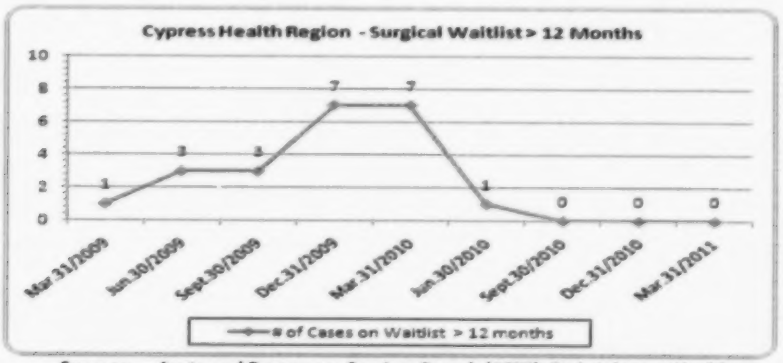
Surgery Performed as a Percentage of Target and Variance from Target

	2010/11	2009/10	2008/09	2007/08	2006/07
Actual Number of Surgeries	1934	1975	1789	2130	2208
Target Number of Surgeries	2100	2100	2100	2100	1850
Actual as Percentage of Target	92.1%	94.0%	85.2%	101.4%	119.4%
Variance of Actual from Target	<166>	<125>	<311>	30	358

Source: Saskatchewan Surgical Care Network (SSCN); Surgical Patient Registry data mart (Saskatchewan Health)
Data Provided By: Acute and Emergency Services Branch (AESB), Saskatchewan Health

Number of patients waiting more than 18 months for surgery - 100% of surgical patients have received their surgical procedure within 18 months. Cypress Health's surgical patients are not having to wait longer than 12 months for their surgical procedure unless there is a specific patient choice to create a situation where their procedure was not completed within the one-year timeframe – examples of this may include previous surgeries being cancelled/postponed by the patient, patient chose a later surgical date than was initially offered as available, and revising the choice of surgeons (which creates a scenario where the entire booking process is repeated due to the pre-screening and booking process for the new surgeon chosen).

Cypress Health is confident that the surgical waitlist does not surpass 12 months due to the surgeons' availability or surgical process delays. All of the surgeries performed in 2010-11 fiscal year have been within the targeted time according to the surgeons' scoring tool for each patient. The presence of the second general surgeon will have a positive downward trend on the overall waiting list for surgical procedures.

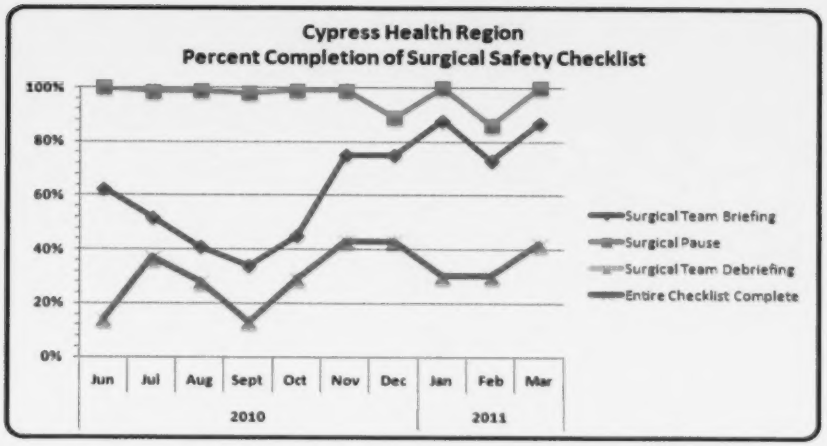


Sources: - Acute and Emergency Services Branch (AESB), Saskatchewan Health;
- Operating Room Manager Database

Surgical Information System (SIS) implementation – occurred in June 2010 and has been in use for over one full year with positive reaction by patients and all team members. The benefits of streamlining the surgical process within the facility are being seen and the plan for 2011-12 is to implement the system into surgeons' offices in the fall. With this further roll-out, electronic booking of the patient can occur at the same time that the patient visits the surgeon's clinic. As well, anesthesiologists and surgeons will have remote access into the system to inquire about their surgical bookings on any given day, which is related to the clinical practice redesign process.

Surgical Safety Checklist - Components of the surgical checklist have been in use by the surgical team prior to the beginning of the 2010-11 fiscal year and is still in the improvement stages of success and full acceptance. The Clinical Chief for Surgery and Surgical Manager are meeting individually with surgical team members (nursing staff, surgeons, surgical assists, and anaesthesists) to discuss the important role that the checklist's use on a consistent basis provides for the patient and team members alike, and that the performance results are being reported to the Ministry and RHA for their information.

The checklist is broken into three distinctive and equally important parts – *briefing, pause, and debriefing*. The chart on the next page refers to the performance results of all three parts' implementation as it relates to all of the surgical patients. However, a consistent provincial approach to reporting on the 'full implementation' of the surgical checklist is not currently being utilized and a thorough review is being planned for the new fiscal year to develop a reporting process that is consistent across all health regions' surgical programs.



Source: Surgical Safety Checklist Operating Room Manager Database

***NOTE**: the 'surgical team debriefing' and 'entire checklist complete' data lines are identical in the above chart, which results in the two lines overlapping each other. Due to the calculation of the 'entire checklist complete' percentage being based on the completion of all three parts of the checklist, the part with the lowest number will become the lowest denominator for the 'entire' percentage.*

Over the course of the fiscal year, the performance results for the surgical safety checklist have shown an overall upward positive trend. The percent completion of surgical team briefing, while taking a dip at the start of the year, increased to approximately 85% completion by the end of the year. Surgical pause, which had the highest percentage completed of the three parts, was close to 100% throughout the year.

Cypress Health has been recently working with a consultant from the SIAST surgical nursing program to determine if the Regional Hospital site would be an appropriate location to provide practical opportunities for the program's students. The consultant commented on the surgical team's utilization of the surgical checklists and that the efforts were among the best in the province that she had recently seen.

Surgical Site Infection bundle implementation – an initiative of *Safer Healthcare Now!*, the bundles have been 100% implemented within the surgical program at the Cypress Regional Hospital.

ACCOMPANYING RESULTS:

Elective CT scan wait times within 90 days – 100% of all elective Computerized Tomography (CT) scans have been completed within 90 days. As has been the trend over the past number of years, Cypress Health's medical imaging services have seen success. The health region performed CT examinations on a total of 3,371 patients, which was a decrease of 407 over the previous year. A total of 3,992 examinations were completed which equates to 1.18 exams per patient – an indicator that the technicians and radiologists are providing appropriate quality CT services. Although additional patients were provided CT services, the total number of examinations decreased by 50 from the previous year – indication of sound utilization of the service and less duplication per client.

With the region's radiologist complement reduced to one early in the fiscal year, the services of an external radiologist group were contracted to provide assistance in the reading of medical images and support with on-call coverage. The region is recruiting for a second on-site radiologist to enhance its complement and provide on-site coverage and collegial support.

CYPRESS HEALTH REGION

Number of Patients as a Percentage of Agreed on Target for CT Services

Year	Patients			Exams		
	Actual Number	Target Number	Actual as Percentage of Target	Actual Number	Target Number	Actual as Percentage of Target
2010/11	3371	3124	107.9%	3992	4042	98.8%
2009/10	3778	3124	121.0%	4042	4608	114.0%
2008/09	3439	3125	110.0%	4065	4429	91.8%
2007/08	3190	2520	126.6%	4015	3880	103.5%
2006/07	2789	2520	110.7%	4117	3880	106.1%

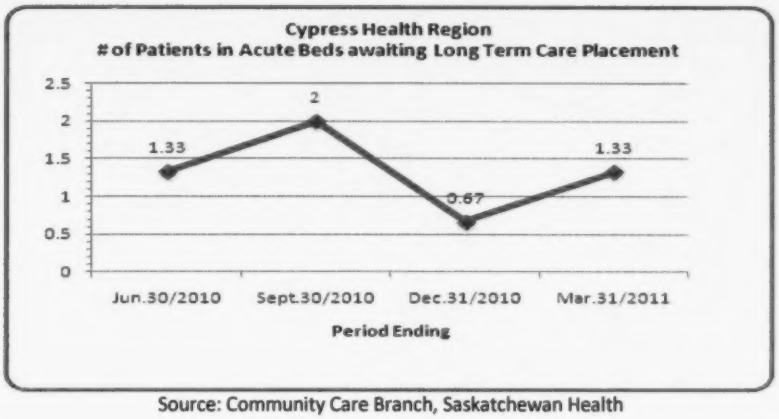
Source: Summarized data from managers in individual Regional Health Authorities
Data Provided By: Acute and Emergency Services Branch (AESB), Saskatchewan Health

Laboratory – implementation of a Total Quality Management improvement project targeting the improvement of turnaround time and quality of diagnostic tests. New policies and processes have been implemented with an evaluative component – to be reported in future reports.

- On site laboratory accreditation completed for the Regional Hospital lab in December 2010 and 10 other regional labs completed self-inspection. Based on patient first and voice of the customer input received, phlebotomy services extended to weekends at the Regional Hospital, Shaunavon and Eastend facilities adjusted hours of operation to provide additional hours of service.
- Regional Hospital lab participated in a pilot project with Saskatchewan Disease Control Laboratory (SDCL) for improving delivery of lab reports to the ordering physician in a more effective and timely manner – reduced turn-around time of these reports in 80% of the processes.

Number of acute care beds occupied by clients waiting Long Term Care (LTC) placement - in attempting to emphasize 'the right service, in the right place, at the right time' standard of access to care, Cypress Health is developing a plan to minimize and eventually discontinue the placement of clients in need of LTC in an acute bed for any duration of time. The region currently utilizes a variety of program beds (observation, palliative, respite) and emergency response beds throughout the communities' facilities which assist in transferring a client requiring long term care from an acute facility. The region has developed protocol whereby clients in the province's tertiary facilities can be directly transferred to Cypress Health's long term care facilities if their health status has been determined to be medically stable. In addition to a well-established discharge care planning process in conjunction with home care programming, a targeted registered nursing staff member provides bed management coordination for the region, and this position actively participated in the daily transfer and movement of clients throughout the region's facilities, as the clients' care needs require.

The Cypress Assessment and Placement Committee (CAPC) meet weekly to assess patients from both hospital and community in relation to placement needs. Their efforts have been rewarded with successes in ensuring patients are placed in appropriate LTC facilities or returned to their home community with enhanced Home Care assistance. An ongoing challenge is providing first choice facility/community placement to patients/families. Patient safety and quality of care/life are the guiding principles to assuring patients have access to rehabilitative and recreational programs that improve quality of life in LTC.



Source: Community Care Branch, Saskatchewan Health

Desired Accomplishment: *Continuously improve health care safety in partnership with patients and families.*

Initiatives, Measures, Results

Accreditation - seven surveyors from Accreditation Canada visited the region in early October 2010 to evaluate the programs, services, and processes against national standards of care. Following their review of the information provided and after conducting 46 tracers in 15 sites across the region, Cypress Health received notice of a successful decision: 'Accreditation with Condition of Report'.

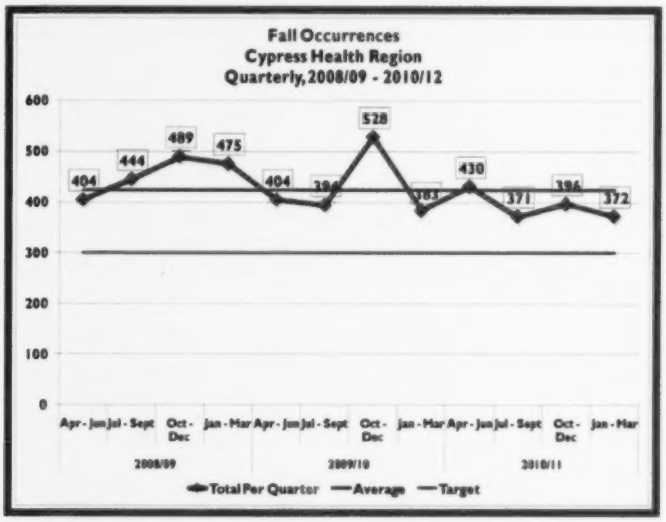
- 93% of all applicable accreditation standards of care were met or surpassed
- Final report commented on the success of the 'Employee Health Assessment Program' as a leading practice in Canada. The program was acknowledged for its demonstration of high quality leadership and service delivery and recognition of its exemplary commitment to work-life balance.

ACCREDITATION CANADA SURVEYORS PROVIDE STAFF WITH A DEBRIEFING

- Required organizational practices (ROP) – the surveyors expressed positive feedback in regards to medication reconciliation practices and infection control practices within the region. The region was requested to provide additional accompanying information on 11 unmet standards based on 9 ROPs including the use of two patient identifiers, disclosure policy, near miss reporting, prospective analysis, falls prevention in long term care, medication concentrations, concentrated electrolytes, and acceptable abbreviations. These were satisfactorily reported on in March 2011, with a request to extend a further progress report on falls prevention and acceptable abbreviations in September 2011.

Incident Tracking - many changes and quality-laden improvements to the incident/occurrence monitoring system have been made during the year with the objective of making the information more useful for analysis and trending. An adjustment to the number of categories (from 4 to 6) has been made to further clarify some of the important sub-categories of incidents. Educational efforts to staff and managers regarding the incident reporting system process and how the information can be used are being made. The tracking and monitoring of 'near misses or good catches' has also been improved with a separate process that prevents the communication of them to be lost in the incident reporting process.

- A full incident tracking/analysis report of all categories is presented to the RHA on a quarterly basis. The performance chart below for the 'number of falls' is an example of the reports that are generated for the RHA's review as they determine the tracking and analysis of incident reporting. Additional reports that provide more detailed information are provided to program/service managers to allow them the ability to focus on specific incidents and performance targets.



Source: Cypress Health Region Occurrence Reporting Database

Improvement	Target	Actual
24	300	372

Falls: There has been a slight decrease over the last quarter. There is a target set for 2012 to decrease the number of fall occurrences down to 300. The last 3 quarters we have stayed below the average. In April of 2010 on the med/surg unit the falls module for RTC was started and was successful in decreasing their numbers. The *Safer Healthcare Now!* falls bundle was just rolled out to 8 facilities or units this March. We may see an increase in fall occurrence numbers the next quarter with the initiation of the program as people become more aware and educated. As the year moves on we should see a decrease in falls. The areas using this program are the areas with the highest incidence of fall occurrences.

Strategic Focus #2 – Health of the Population

Desired Accomplishment: ***Improve population health through health promotion, protection, and disease prevention.***

Initiatives, Measures, Results

Reduce the number of falls and injuries from falls for long term care (LTC) residents - In addition to this strategy being a high priority of the Ministry of Health, the reduction of falls and injuries from falls is a ROP from Accreditation Canada. In response, a Regional Falls Prevention committee was developed in July 2010 with representation from long term care, acute care, community health services, home care, and mental health. A 'fall' was defined by the committee as *unintentionally coming to rest on the ground or lower level, with or without injury*. The committee developed a series of strategic plans to address this performance measure:

- *Acute care and the implementation of Releasing Time to Care™* – the team has seen a decrease in total falls and falls per 1,000 patient days; recent stats show the lowest monthly falls rate since the new Regional Hospital was built in 2007.
- *Mental health* – self learning package was developed for all staff to assist in identifying clients at high risk for falls.
- *Home Care/Community Health* – home care clients over the age of 65 are screened for the risk of falls; provision of a Senior Safety Expo where health region and community partners offered a 'trade fair' style of event for consultation and education on a variety of topics including falls prevention.
- *Long term care* – the Swift Current Care Centre was selected as a pilot site for the implementation of the *Safer Healthcare Now!* Falls prevention bundle, with the program starting in October 2010. All staff were provided education regarding their role in falls prevention and all of the residents were assessed using the Scott Fall Risk Screening Tool for the risk of falls and with any change in care status.
    - Staff 'champions' were identified in each of the region's LTC facilities and they were trained in January 2011 to provide education/awareness on falls prevention to the staff in their respective facilities.
    - **Bundle implemented in additional 8 LTC facilities on March 1, 2011, which resulted in a 75% implementation rate across the region (that is, 9 of 12 LTC facilities).**
        - Remaining 3 LTC facilities implementing the bundles in May-June 2011, which will result in 100% of bundle utilization

Public/Population Health Related – a variety of population health and primary health care based initiatives and programs were provided

- New vaccination program for infants and children – introduction of new combined MMR and Varicella vaccine; putting the 'patient first' as children aged 12 months and 18 months receive the same immunized protection with one less needle per visit;
- Postnatal visits, breastfeeding consultation – approximately 77% of all newborns initiated breastfeeding at birth;
- Provision of two new tetanus, diphtheria, pertussis immunization programs to address the increasing rate of pertussis in the province;
- Variety of chronic disease management education offered – *Live Well with Chronic Conditions*, diabetes clinics, spirometry clinics, pulmonary rehabilitation, cardiac education, School of Wellness (in partnership with SAHO and Pharmasave), Senior's Safety Expo, Wellness Fairs at Hutterite colonies;
- Midwifery program – midwife hired in June 2010 and demand for services has been ahead of expectations; recruiting a second midwife;
- *Oral Screening Report* released (see Appendix A for more information).

Strategic Focus #3 – Providers

Desired Accomplishment: *Work together to create safe, supportive, and quality workplaces.*

Supported by provincial *Ready for Growth* funding investments targeting safety and emergency infrastructure projects, the health region continued to complete health facility improvement projects that were identified to enhance patient safety and comfort. Examples include:

- Ceiling mounted safe lifting equipment;
- Fire alarm system upgrades;
- Nurse call system upgrades;
- Replacement of windows and doors;
- Roofing repairs/replacements;
- Heating, hot water, and ventilation system upgrades;
- Emergency generator replacement;
- Flooring upgrades;
- Sidewalk replacement.

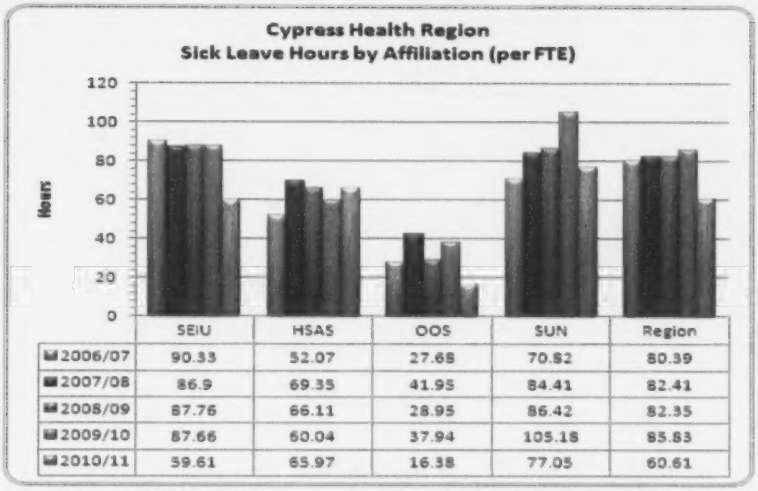
Desired Accomplishment: *Develop a highly skilled, professional, and diverse workforce with a sufficient number and mix of service providers.*

Initiatives, Measures, Results

Attendance Management – in the June 2010 edition of its community newsletter *The Source,* (www.cypresshealth.ca/publications.htm) the Cypress Health Region announced its response to the Ministry of Health's targets for reducing sick time, overtime, and workers compensation claims. The region developed the **CHESS (Cypress Health Employee Staffing Strategies)** strategy in response to these targets and has exceeded two of the three targets set out.

The Cypress Health Region received a target of reducing its sick time hours per FTE (full time equivalent) to 79.88 in the 2010/11 fiscal year. With tremendous staff and physician support of CHESS the region was able to set the provincial benchmark with an actual figure of 60.61 sick hours per FTE.

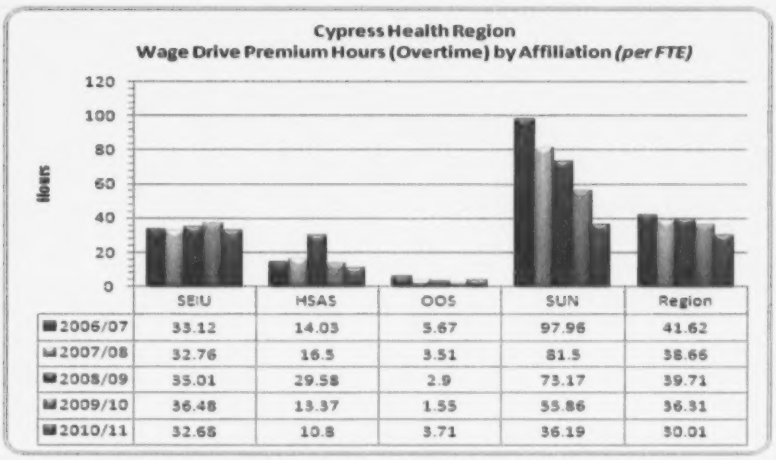
This is approximately 9 hours fewer than any other health region in the province and well below the provincial average of 82.11. The reduction to 60.61 sick hours per FTE was a near 30% improvement over the region's 2009/10 data in which 85.83 sick hours per FTE were reported. The region paid approximately 28,000 hours less in sick leave as a result of this success.



	SEIU	HSAS	OOS	SUN	Region
2006/07	90.33	52.07	27.68	70.82	80.39
2007/08	86.9	69.35	41.95	84.41	82.41
2008/09	87.76	66.11	28.95	86.42	82.35
2009/10	87.66	60.04	37.94	105.18	85.83
2010/11	59.61	65.97	16.38	77.05	60.61

Source: Saskatchewan Ministry of Health Dashboard Measures, 2010-11

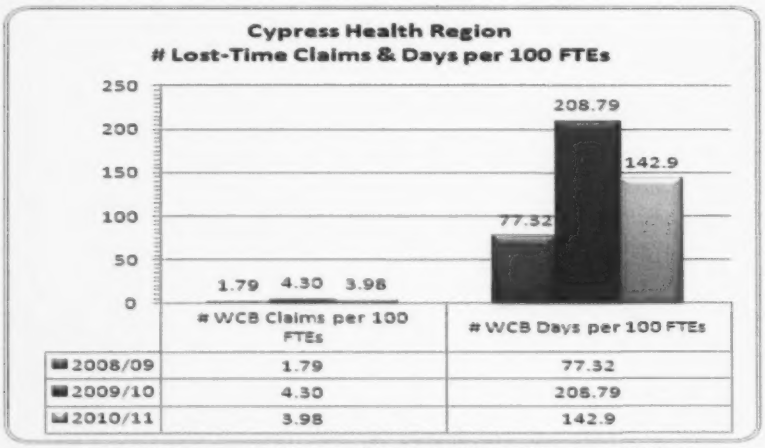
The region's Ministry-directed target of wage driven premium hours (overtime) was 35.00 hours per FTE. The Cypress Health Region was able to reduce its wage-driven premium hours to a total of 30.01, placing them third to only the Sun Country and Kelsey Trail regional health authorities. The provincial average for wage-driven premium hours was 40.86. The reduction to 30.01 wage-driven premium hours per FTE was a near 18% improvement over the region's 2009/10 data in which 36.31 wage-driven premium hours per FTE were reported.



	SEIU	HSAS	OOS	SUN	Region
2006/07	33.12	14.03	5.67	97.96	41.62
2007/08	32.76	16.5	3.51	81.5	38.66
2008/09	35.01	29.58	2.9	73.17	39.71
2009/10	36.48	13.37	1.55	55.86	36.31
2010/11	32.68	10.8	3.71	36.19	30.01

Source: Saskatchewan Ministry of Health Dashboard Measures, 2010-11

The third and final target for all regional health authorities in Saskatchewan was to reduce the number of lost-time workers compensation claims to zero as part of the *Mission: Zero* provincial strategy. While no health authorities in Saskatchewan achieved *Mission: Zero*, Cypress Health had 3.98 Workers Compensation Board (WCB) claims per 100 FTEs in 2010/11 which was the lowest rating in the province (excluding Mamawetan Churchill River and Keewatin Yatthe health regions) and well below the provincial average of 7.08 claims per 100 FTEs. The reduction to 3.98 workers compensation claims per 100 FTEs was a near 23% improvement over the region's 2009/10 data in which 5.16 claims per 100 FTEs were reported.



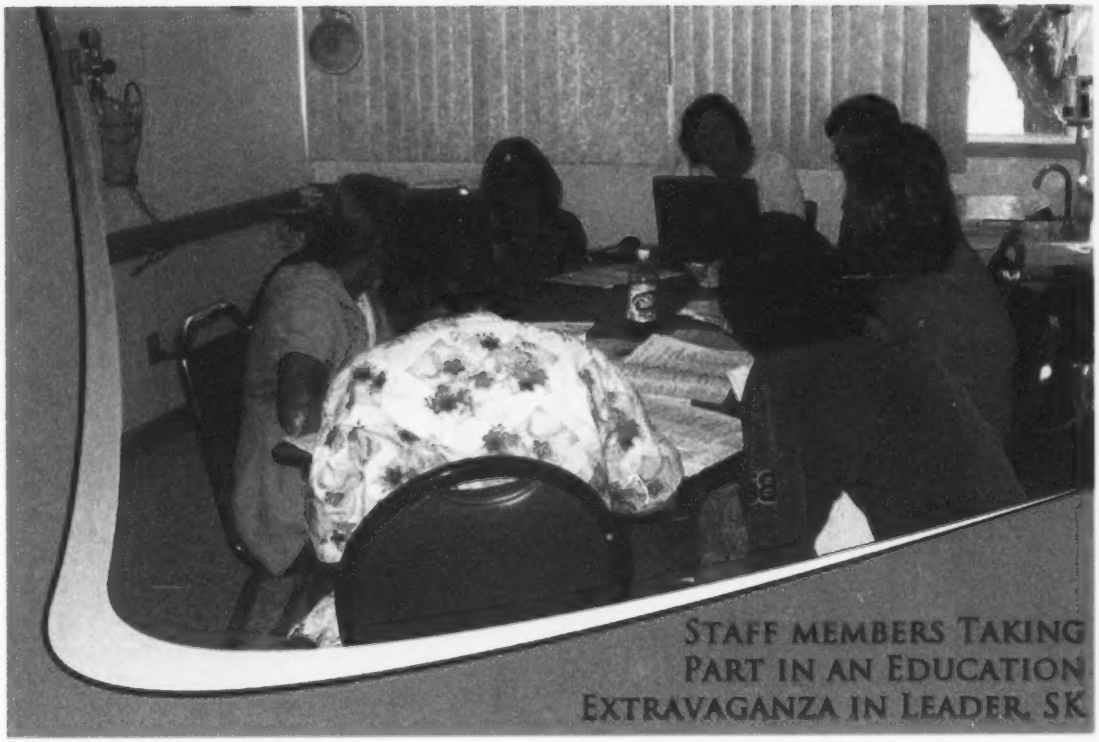
Source: Saskatchewan Ministry of Health Dashboard Measures, 2010-11

Education Service Bureau – Implemented in April 2010, the key activity of the 'service bureau' includes the coordination of professional development activities across all disciplines within the Cypress Health Region in a cost effective manner. The overall goal is to act as a resource to the region through the provision and facilitation of staff development activities which support the delivery of high quality care to our patients. There are several elements to the program including **general orientation** (a centralized orientation provides education that is common to all new employees), **mandatory education** (learning activities designed to facilitate job related performance), **professional development** (opportunities to learn new concepts, skills, techniques, and personnel growth), and the **use of Telehealth and related technologies** (a means of delivering health care services and education through interactive video, audio, and computer technologies).

Throughout the fiscal year, the following benefits were identified:

- More cost effective delivery of education to staff;
- Video conferencing allowed ability to reach a large group of staff with educational events;
- Reduced travel time for both Educators and staff;
- General Orientation has allowed us to brand the organization to new employees and provide them with a basic orientation to be safe in their jobs;
- Able to offer more professional development opportunities as they are much more cost effective;

- Able to be more proactive in our educational opportunities – 3 year education calendar for mandatory education has been developed;
- Provide support for educational trainers and staff/managers who have questions about educational opportunities;
- Tracking system to monitor, by employee, the education they have received and when recertifications are due;
- Employee kiosks have allowed for each employee in the region to have access to a computer and online educational opportunities;
- Development of on-line training and recertifications that allow for more flexibility for staff to complete;
- 'Education Extravaganza' events (taking a mixture of educators and clinical experts to a community's staff, versus having all of the staff travel to several educational events) have proven to be a huge success.



STAFF MEMBERS TAKING PART IN AN EDUCATION EXTRAVAGANZA IN LEADER, SK

Strategic Focus #4 – Sustainability

Desired Accomplishment: ***Effective use of our resources to improve the patient experience and the health of the population.***

Initiatives, Measures, Results

Operational budget - a year-end surplus of approximately $3.5 million was realized by Cypress Health in the 2010-11 fiscal year. Please refer to the '2010-11 Financial Overview' and the 'Audited Financial Statements' sections located later for additional information regarding the financial operations for the year.

Capital Improvement Projects – the region is continuing the planning processes targeting the investment in three capital projects:

- Southwest Integrated Healthcare Facility (Maple Creek) – new facility will see 48 long term care beds, 24 acute care beds (10 of which will be multi-purpose), emergency medical services, community health, home care, primary health care programming and medical clinic, and facility planning for future expansion of services.
  - In conjunction with Project Manager and architect, finalizing the functional plan and schematic design process; site evaluation has been initiated; anticipated to begin site remediation in fall 2011 with construction beginning in spring 2012; anticipated occupancy fall 2013.
- Leader Integrated Project – proposed project includes construction of an addition to the existing long term care facility and extra renovations to accommodate all health services under one roof ... long term care, acute care, emergency medical services, community health, home care, primary health care.
  - March 31, 2010 Ministry announcement of funding to finalize the functional planning process and engage Lean consultants for future design work on patient flows.
- Swift Current Long Term Care – continued advocating for the replacement of three long term care facilities with one facility attached to the Cypress Regional Hospital; functional plan has been completed and forwarded to Ministry, awaiting funding approval for design and construction. Cypress Health continues to partner with local school divisions and city of Swift Current regarding planning strategies to create a campus-style mixture of health, education and recreational capital projects. Public consultations will occur in the spring and summer of 2011.

Shared Services - Historically, Regional Health Authorities (RHAs) and the Saskatchewan Cancer Agency (SCA) have each overseen most of their own administrative and support services. Today they are working together to design a new means of sharing these services.

Shared Services will focus on administration by sharing functions related to human resources, information technology, finance and administration, and materials management. The health system can reduce costs and duplication, work more efficiently and effectively, and allocate more resources to direct patient care.

This project is part of Saskatchewan's move to a more patient-centred health system. The Patient First Review Commissioner recommended shared services as a way to achieve greater value for Saskatchewan patients and taxpayers.

The shared services approach seeks to achieve both the customer service orientation of a decentralized administrative model and the effectiveness and efficiency of a centralized model.

Shared services are not new to the Saskatchewan health sector. Health regions, their affiliates, and the SCA have been sharing payroll, benefits, purchasing, and some human resource and workplace health and safety functions for a number of years through the Saskatchewan Association of Health Organizations (SAHO), or on a collaborative basis.

The Shared Services Project is under the direction of the Council of CEOs. It is funded in part by the Ministry of Health, which has established strategic and operational directions for the project, and by significant in-kind contributions from the RHAs, the SCA, and SAHO.

Strategic Focus #5 – Supportive Processes

Desired Accomplishment: ***Achieve system wide performance improvement and culture of quality through the adoption of Lean and other quality improvement methodologies.***

Initiatives, Measures, Results

LEAN

Cypress Health is a proud supporter for the implementation of Lean in the health care setting and advocates for the benefits that it can provide for the patient and staff alike. Lean is a customer-focused approach that puts the needs of the patient at the forefront. Therefore, it is a philosophy that aligns well with our current primary strategic objective, supported by the provincial *Patient First Review*, to find ways to create and maintain an unwavering focus on those we serve. As well, Lean strategies have the ability to improve the worklife of our staff and increase their ability to provide their valued input into day to day processes.

With the financial assistance and guidance of the Ministry of Health, the health region has invested in the implementation of Lean and is seeing a continual trend of improvements. There are a variety of Lean projects that occurred during the 2010-11 fiscal year, which are in different stages of completion. The chart attached below provides a summary of the projects and the targeted/achieved performance indicators of progress.

Facility	Department/ Work Unit	Primary Focus and Description	Key Performance Indicators (Targeted / Achieved)
Cypress Regional Hospital	Sask Surgical Initiative (southern map)	Increase the number of surgeries performed in the region to help reduce waitlists in the Province.	• Participating in the southern map for the provincial surgical initiative • Mapping completed • Kaizens, meaning change for the better, selected
Region	Med incident	Reduce the time incident reports take to go through investigation and administrative proces Reduce number of medication incidents Improve the communication of Incident reporting	• Value stream mapped medication incidents • Two kaizens have been completed: one to reduce med errors and one to reduce the time for pharmacy review • Three kaizens from the value stream map are in process: Improving reporting to the Board, Using reporting to improve patient safety, Improving efficiency in data entry of incidents • Improvement measures are ongoing • Three future kaizens from the value stream are in queue
Herbert Integrated Facility	Admin	Free up space; entire facility will be going through a transformation process	• Admin office completed and maintenance bays has completed Sort phase (450 square feet of waste: furniture, shredding, old and broken equipment removed) Potential $9,000 saved in not buying new geri chairs (a capital

Facility	Department/ Work Unit	Project Focus and Description	Key Performance Indicators (Targeted / Achieved)
			brief to purchase geri chairs was submitted by another facility) through re-distribution of excess equipment • Several legal and procedural needs were discovered and regional procedures are being developed so this can be standardized throughout the entire region (i.e. what do we do with abandoned LTC resident furniture) • Improvements have been sustained for one year • Lead continues to implement improvements based on Lean principles
Cypress Regional Hospital: Women's & Children's Unit	Kids First PPSP Project	Improve the completion rate (Current state = 25%) on the Kids First surveys	• Results: Survey completion rate improved to 96%. Improvements achieved through the development of standardized process, and posted instructions on fax cover sheet • Improved the quality of the faxes by changing from a coloured form to a white form (reduced re-work when fax recipients needed to call to clarify smudged information)
Region	Decision briefs	Reduce the amount of time to approve decision briefs and post positions. The longer it takes to hire a person in a vacant position, the more it costs to fund that position. Two kaizen events were selected from the value stream. One is complete and one is in process.	• The lead time to hire a staff member takes 85 days. • 36 days of non-value added time is linked to collective bargaining agreements (length of posting, appeals to the hire, applicant time to decide if accept / reject the offer, etc.) • The Decision Brief process involves 33 days of non-value added time. • Kaizen complete: Error Proofing Process – several decision briefs were missing information: Standardized process and introduced checklists – reduced lead time for Decision Briefs by an average of 16 days per brief submission. • Electronic Signature kaizen project in process: set up cell design for electronic signatures expected to reduce nine days from process
Swift Current Community Health	Mental health & addictions file room	5S, reduce waste and create space for addition of addictions files into an integrated file room	• Removing 130 square feet of unneeded equipment, broken filing cabinets and files needing destruction - complete • Second kaizen event underway: Moving addiction files from filing cabinets to shelves. 10% floor space increase is expected and eliminates OH&S concerns (lifting and storage hazards)and a fire code violation (cabinets too close to exits)
Swift Current Care Centre	Admissions (Multi Disciplinary Team)	Reducing admission Times: Learning to See Consulting was hired by the Ministry. Admission process was	• Admission process duplicate forms were combined / eliminated

Facility	Department/ Work Unit	Primary Focus and Description	Key Performance Indicators (Targeted / Achieved)
		mapped **Project in process**	
Swift Current Care Centre	Dietary	Meal process: Learning to See Consulting was hired by the Ministry. Meal process was mapped	• Current State mapping completed. Lots of waste in food disposal (overproduction) and delivery (motion) discovered. Meals found to be cold by the time they reach residents as well • Kaizens being selected • LTS Consulting hired by Ministry for one kaizen, Region will likely complete remaining kaizens
Cypress Regional Hospital	Pharmacy	Medication Delivery: Inpatient	• Current state maps have been completed. One Pharm techs spends 25% of their day delivering medications and picking up forms (waste of talent); Patients receiving 8 a.m. medications up to 90 minutes late; several patient safety concerns in process • Delivery process has multiple effects on Nursing, other pharmacy processes • Future state map is being developed that will propose a complete redesign of the Pharmacy and its design through implementation of JIT delivery, error proofing, kanban (scheduling) systems and proper utilization of talent
Region	Information Technology	Sharepoint	• Moving all files, documents etc. from shared folders and public folders to sharepoint

Pharmacy, surgical and community health staff have been active participants in Lean methodology and related initiatives. Plans for 2011-12 include the continuation of small 'wins' in identifying efficiencies that increase patient care and staff involvement, promoting these departments' successes in the overall strategy to create a culture shift to other programs, working towards the reduction of overtime and backfilling issues among our valued health provider team, and to integrate project management into the Lean program.

Example of Success – *'Opening A File'* was a Community Mental Health project aimed at addressing file system issues, including: number of days to open a file, backlog of files waiting to be opened, and amount of time to find a file. The project team utilized LEAN Six Sigma methodology to understand the largest needs for improvement. The results of the initiative, which began in November 2009, include: reducing coding errors to zero, entirely eliminating the backlog of loose files, removing duplicate forms, and, perhaps most impressively, reducing the time it takes to open a file from 128 days to less than 1 day. In some areas the project team produced efficiency improvements of more than 99%.

RELEASING TIME TO CARE™

**Regular updates relating to the progress of the RTC program at the Cypress Regional Hospital and the health region are provided on the Region's website at www.cypresshealth.ca/releasingtimetocare.htm*

RTC is a patient-centred approach to improving the quality of care on acute care nursing units. The initiative focuses on freeing up caregivers' time for more direct patient care. RTC is currently implemented in two care units at the Cypress Regional Hospital – the Medical/Surgical department and the Women & Children's department.

Medical/Surgical – In June 2009 this unit was accepted as a RTC context test site. The teams continued to make progress over the course of the year which was highlighted by the receipt of the SAHO Green Ribbon Award for the 'Falls Prevention Program' that was implemented by the RTC program.

A series of key measures were developed by the team:

- Reduce the incidence of total patient falls to less than 10 cases per month by December 31, 2010 – tremendous success in this area since the implementation of the falls initiative
- Decrease medication incidents to seven per month by May 31, 2011 (March 2011 result was 9 incidents)
- Increase staff satisfaction with 'time and equipment' to an average survey rating of '3' by February 28, 2011 (a rating of 2.7 was achieved in the summer of 2010, with a slight decrease to 2.4 in February 2011)
- Increase the patient experience survey response rate to 50% by December 2010 (early fiscal year results showed a 48% response rate with a slight drop thereafter)
- Increase direct care time to 50% by March 2011 (following a 29% result in the 1st quarter of 2010-11, the following three quarters' results were 44%, 36%, and 36% respectively)

Success and positive feedback has been identified in relation to the 'patient at a glance' performance measure. Following a series of small cycles of continuous improvement, the team has developed a process where the patient room communication whiteboard is utilized to offer all team members, the family, and patient the opportunity to provide status updates on the patient's care and next steps.

As well, the teams have seen positive results from the 'well organized ward' processes, activities, and the meals component where a revised meal route will save two minutes or 322 steps per meal route. This is equivalent to 317 kilometres worth of walking saved over the course of one year. Additional changes will be made to the delivery route in June 2011 which is anticipated to reduce the amount of time it takes to deliver patient meals by 50% and allow meals to be delivered to the patient even hotter than before.

The teams are continuing to move forward with training and discussions on the 'admission and planned discharge' and 'medicines' modules, and will be developing measures of success in the coming year.

Women & Children's - in the fall of 2010, this unit became the second department in the Regional Hospital to implement the RTC program. The team is continuing to make progress in the early stages of the program but is also learning from past activities from the team in the Medical/Surgical unit. They have developed a series of key measures that will guide their processes over the early stages of the next fiscal year including increasing the direct care time to 50% from baseline (March 2011 result was 49%); increase the patient experience survey response rate by 10% from baseline; increase obstetrics and pediatrics 'communications about medications' composite percentage (December 2010 result was 62.5%, with provincial average 51.6%); increase the overall work satisfaction scores of staff; and increase defensibility of mother and infant charts to 15% from baseline.

The team began their 'well organized ward' module in March 2011 and have seen early success in '5S-ing' several storage rooms, Epidural storage space, and clean service room. The team participated in training for the 'patient status at a glance' and will be using that information, along with lessons learned from their colleagues in Medical/Surgical, to develop quality improvement initiatives.

Institute of Health Improvement (IHI) Perinatal Collaborative - the Women & Children's unit at Cypress Regional Hospital, in preparation for starting the *Releasing Time to Care*™ journey, identified two other quality initiatives (IHI – Perinatal Collaborative; Accreditation Canada's Q-Mentum) that they were currently involved in that may overlap with RTC.

The IHI Perinatal Collaborative provides labour and delivery health provider teams with the opportunity for results-focused improvements with the best interests of the mother and baby in mind. This best practice approach from the IHI is one that is primarily based out of the United States, but with the support of the local Saskatchewan Union of Nurses (SUN) Recruitment & Retention Committee the Regional Hospital's team became the first Canadian-based team to participate in the Collaborative. The goals of the Collaborative include reducing harm to mother/baby, improving organizational culture of safety in perinatal units, improving the reliability of documentation, and measuring/improving patient centered-care approaches.

In order to minimize duplication and illustrate for staff how some of the RTC, IHI and Q-Mentum modules/initiatives/standards/required organizational practices fit together a document entitled *'RTC, IHI – Perinatal Collaborative and Q-Mentum: How they fit together?'* was developed and shared with staff to increase their awareness of the similarities between the program. The document identifies the possible overlaps, the plan to address these in order to avoid duplication, and how teams will work together in order to ensure that information flows from one team to another.

The team will continue this patient and family centered care journey in the 2011-12 fiscal year with financial support from the Ministry of Health and the ongoing support of the SUN Committee.

ADDITIONAL SUPPORTIVE PROCESSES

- 'Critical Care Unit Transfer Tool' at the Cypress Regional Hospital – utilized whenever a patient is transferred from either the Intensive Care Unit or Emergency Department to another medical unit within the Regional Hospital. Based on a recommendation from the fall 2010 Accreditation Canada survey, the tool's purpose is to provide a comprehensive set of recent information about the patient to the receiving unit. This additional communication tool is shared with the receiving unit to allow for a smooth transition from one care environment to another and ensures safety for the patient.
- 'Emergency Room Audit Tool' – a weekly audit in the emergency department to ensure that the documentation and assessment/treatment standards of care are being met.
- Development of 'Quality Insight Online' by the Health Quality Council which will provide an electronic access point at www.qualityinsight.ca for updated information on provincial and regional performance measures on a regular basis.
- Information Systems involvement in maintaining development of, and access to, updated technology to assist in the overall attention to 'putting the patient first' – implementation of Surgical Information System, video conferencing rollouts to several communities in 2010-11 with a further complete rollout in 2011-12, Virtual Private Network (VPN) to enhance more secure remote access, RIS/PACS upgrade, Procura upgrade, and general security enhancement to ensure the privacy/confidentiality of patient information.

MANAGEMENT REPORT

Date: June 22, 2011

CYPRESS HEALTH REGION
REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and are approved by the Cypress Regional Health Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by the Ministry of Health, and of necessity includes amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the region's assets are safeguarded and the financial records are relevant and reliable.

The Authority is responsible for reviewing the financial statements and overseeing Management's performance in financial reporting. The Authority meets with Management and the external auditors to discuss and review financial matters. The Authority approves the financial statements and the annual report.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Authority. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Beth Vachon
Chief Executive Officer

Larry Allsen
Chief Financial Officer

CYPRESS HEALTH REGION

Leaders in Rural Health Excellence

Financial Statements For the Year Ending March 31, 2011

STARK & MARSH
CHARTERED ACCOUNTANTS, LLP

INDEPENDENT AUDITOR'S REPORT

To the Directors of Cypress Regional Health Authority:

We have audited the accompanying financial statements of Cypress Regional Health Authority, which comprise the statement of financial position as at March 31, 2011, and the statement of operations and changes in fund balances and statement of cash flow for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with pre-changeover accounting standards for not for profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the organization's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the organization's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Cypress Regional Health Authority as at March 31, 2011, and its financial performance for the year then ended in accordance with pre-changeover accounting standards.

Stark & Marsh

Chartered Accountants, LLP

Swift Current, Saskatchewan
June 22, 2011

2010-11 Financial Overview

The Cypress Health Region ended the year with an operating surplus. However an operating surplus is not a good indicator of financial viability. There are three main financial indicators that must be reviewed and understood to determine an organization's financial viability:

1. **Operating Working Capital** – this indicator is calculated as "Current Assets" less "Current Liabilities" in the operating fund from the *Statement of Financial Position* in the audited financial statements;
2. **Excess of Revenues over Expenses in the Operating Fund (commonly referred to as "Surplus")** – this indicator can be found on the *Statement of Operations and Changes in Fund Balance* report in the audited financial statements; and
3. **Future Required Investments** – this financial indicator does not show up in an audited financial statement and cannot be easily calculated. The indicator refers to an amount that would be required for an organization to make investments to:
    a. Ensure safe, quality services are provided based on standards that presently exist or may be developed for the service.
    b. Ensure quality improvements are implemented and funded.
    c. Ensure updated legislative requirements are implemented (e.g. HIPA, OH&S, Labour Standards, etc.).
    d. Fund critically required capital infrastructure projects.
    e. Fund required replacements and investments of capital equipment.
    f. Invest in best practices and new initiatives to improve services.

Operating Working Capital

= "Current Assets" less "Current Liabilities" in the Operating Fund
= $ 24,077,796 - $19,737,524
= $ 4,340,272

According to this financial indicator, the Cypress Health Region has improved its financial position since inception in 2003. A reasonable expectation for a publicly funded organization is to have a positive working capital that would allow the organization to operate for 20 days. Currently the Region is operating with a positive 13.68 days of working capital in the operating fund, which is a 18.74 day change from 2003 when the Region was operating with a negative 5.06 days.

The main way to improve on this indicator would be to generate operating surpluses (excess of revenues over expenses) and ignore future required investments needed as addressed in the above third financial indicator. If the target for this indicator were set to be 20 days, the Region would need to generate $2 million in operating surpluses to invest in the working capital in order to strengthen its financial position (assuming no other investments were required).

Excess of Revenues over Expenses in the Operating Fund (Surplus)

= "Total Revenues" less "Total Expenses" in the Operating Fund
= $ 119,321,544 - $ 115,804,810
= $ 3,516,735

The Cypress Health Region met its financial target of having a balanced operating budget, which is a surplus greater or equal to zero dollars. A balanced budget is a good target to have, but when you review the first and third financial indicator described above, the Cypress Health Region should make every attempt to target significant surpluses to:

1. Invest in providing enhanced, safe and quality health care services.
2. Invest in much-needed capital infrastructure and capital equipment.
3. Strengthen its financial position by investing in its working capital.

Since significant surpluses have been achieved in the past two years, the Region has to determine its most critical areas for investment. It has been determined that the surpluses generated are most needed for investment in capital infrastructure projects and critical equipment needs. The 2010-11 capital infrastructure budget, which excluded major building replacement projects, identified over $20 million worth of high to medium risk projects. The Ministry of Health has also recognized the need for investment into building infrastructure and has provided $5 million in infrastructure funding to the Region in the last several years. With the aging of our facilities the identified need and resources required will only increase.

Expenditures

The expenditures of the Region were $4.4 million over budget. This was mainly as a result of collective bargaining agreements, contracted physician increases and repairs to our aging facilities and equipment. Some of this was offset by salary savings due to vacant management and front line positions. The Region's CHESS (Cypress Health Employee Staffing Strategies) program was also successful in reducing sick and overtime costs throughout the region. For further information see *Schedule 1* of the audited financial statements.

Revenues

The revenue of the Region was $7.95 million over budget. The Region received $7.5 million in additional base funding from the Ministry of Health with the majority of the funding allocated for collective bargaining agreements and contracted physician increases. The Region also received funding from the SUN Partnership agreement for the additional hiring of registered nurses. Patient fees for long term care were lower than budgeted due to lower income levels of our residents. For further information see the *Statement of Operations and Changes in Fund Balances* in the audited financial statements.

Capital

The capital expenditures of the Region were $2.5 million consisting of $740,000 in infrastructure projects, $300,000 in mortgage payments and $1.4 million in equipment purchases. The capital purchases were funded by the Ministry of Health, Dr Noble Irwin Regional Health Care Foundation, Community Trusts, donations and generated operating surpluses.

Special Funds

The Region administers several Community Trust funds totaling $1.4 million. These funds have been in place since the amalgamation of the Region in 2003 and were set up for the provisions of health care services. For more information regarding community trust funds see *Note 16* in the audited financial statements.

Debt

The Region currently has five mortgages totaling $2.2 million and an equipment lease of $54,000. These liabilities are guaranteed by the assets of the organization. For more information see *Note 4 and 5* in the audited financial statements.

Future Required Investments

This third financial indicator is future orientated and is extremely difficult to measure. The main strategies to address this indicator would be to generate significant surpluses to:

1. Build reserves for one-time investments like capital investments or short-term initiatives.
2. Make required investments into core-mandated services to ensure safe, quality and effective health care services can be delivered.

Examples of challenges the Region is facing that require financial investments are:

1. Implementing consistent workload standards to ensure safe, effective and quality health care services can be delivered.
2. Ensuring currently provided services are effective and sustainable.
3. Addressing quality of service issues by implementing best practices.
4. Investing in critical capital infrastructure projects.
5. Meeting increasing service needs of the province's residents by implementing new initiatives like Patient Family Centred Care (PFCC).
6. Meeting targets defined in the Ministry's Strategic *and Operational Directions* (SOD).
7. Funding Inflationary cost pressures (e.g. drug costs, medical supplies, etc.).
8. Implementing and sustaining occupational health and safety and patient safety systems.
9. Enhancing capital equipment replacement.

If one were to invest significant human resources and effort in analyzing each of the above challenges, an amount could be quantified to determine how much surplus would be required to effectively manage and fund the above *Future Required Investments*.

Cypress Health Region is committed to work together with the Ministry of Health and community partners to clearly identify and cost these challenges in attempts to achieve higher levels of financial sustainability.

CYPRESS REGIONAL HEALTH AUTHORITY

Statement of Financial Position
as at March 31, 2011

Statement 1

	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Community Trust Fund	Total 2011	Total 2010
ASSETS					
Current Assets					
Cash and short-term investments	$ 22,235,349	$ 12,044,627	$ 616,186	$ 34,896,162	$ 30,334,163
Accounts receivable					
Ministry of Health - General Revenue Fund	374,285	-	-	374,285	301,626
Other	442,364	85,207	25,000	552,571	865,450
Inventory	737,229	-	-	737,229	1,060,273
Prepaid expenses	288,569	-	-	288,569	263,594
	24,077,796	12,129,834	641,186	36,848,816	32,825,106
Long Term Investments (Note 2,Schedule 2)	245,699	-	800,000	1,045,699	1,054,143
Capital Assets (Note 3)	-	70,280,125	-	70,280,125	71,469,964
TOTAL ASSETS	$ 24,323,496	$ 82,409,959	$ 1,441,186	$ 108,174,641	$ 105,349,213
LIABILITIES AND FUND BALANCES					
Current liabilities					
Accounts payable	$ 5,660,119	$ -	$ -	$ 5,660,119	$ 3,999,273
Accrued salaries	3,562,778	-	-	3,562,778	6,514,712
Vacation Payable	6,510,632	-	-	6,510,632	6,134,581
Mortgage payable - current (Note 5)	-	160,978	-	160,978	152,428
Lease payable - current (Note 4)	-	53,639		53,639	70,818
Deferred revenue (Note 6)	4,003,995	-	-	4,003,995	6,103,394
Accrued mortgage interest	-	11,068	-	11,068	11,767
	19,737,524	225,685	-	19,963,209	22,986,972
Long term liabilities					
Long Term Leases Payable (Note 4)	-	-	-	-	53,638
Mortgages payable (Note 5)	-	2,061,000	-	2,061,000	2,221,870
TOTAL LIABILITIES	19,737,524	2,286,685	-	22,024,209	25,262,481
Fund Balances					
Investment in capital assets	-	67,993,440	-	67,993,440	68,959,442
Externally restricted (Schedule 3)	-	1,030,844	1,441,186	2,472,031	2,367,623
Internally restricted (Schedule 4)	-	11,098,989	-	11,098,989	7,267,211
Unrestricted (deficit)/surplus	4,585,972	-	-	4,585,972	1,492,456
TOTAL FUND BALANCES (Statement 2)	4,585,972	80,123,274	1,441,186	86,150,432	80,086,732
TOTAL LIABILITIES & FUND BALANCES	$ 24,323,496	$ 82,409,959	$ 1,441,186	$ 108,174,641	$ 105,349,213

Commitments (Note 4)
Mortgages (Notes 5)
Pension Plan (Note 11)

Approved on behalf of the board of directors

The accompanying notes and schedules are part of these financial statements

CYPRESS REGIONAL HEALTH AUTHORITY

STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES

for the year ended March 31, 2011

Statement 2

	Operating Fund			Restricted Funds			
	Budget 2011	Actual 2011	Actual 2010	Capital Fund 2011	Community Trust fund 2011	Total 2011	Total 2010
REVENUES	(Note 12)		(Note 10)				(Note 10)
Ministry of Health - General	$ 100,809,408	$ 108,328,860	$ 84,858,731	$ 5,367,559	$ -	$ 5,367,559	$ 1,148,160
Other provincial	114,330	730,669	1,750,821	-	-	-	-
Federal government	39,700	72,111	39,065	-	-	-	-
Special funded programs	217,206	254,609	79,048	-	-	-	-
Patient fees	8,456,754	8,035,118	8,365,620	-	-	-	-
Out of province (reciprocal)	793,680	749,719	913,637	-	-	-	-
Out of country	34,000	34,464	40,588	-	-	-	-
Donations	50,000	67,855	32,455	427,211	-	427,211	406,811
Investment	75,000	218,266	78,469	83,867	24,794	108,660	161,006
Recoveries	605,494	685,029	834,613	-	-	-	-
Other	167,950	144,843	368,386	95,867	-	95,867	90,916
TOTAL REVENUES	111,363,522	119,321,544	97,361,433	5,974,503	24,794	5,999,296	1,806,893
EXPENSES							
Province wide acute care services	992,292	1,193,376	975,745	33,756	-	33,756	32,556
Acute care services	34,702,035	35,991,065	33,945,408	1,191,561	-	1,191,561	1,241,891
Physician compensation - acute	9,166,318	10,077,031	9,178,981	-	-	-	-
Supportive care services	34,890,456	36,916,353	37,319,822	1,335,251	6,040	1,341,291	1,782,082
Home based services - supportive care	6,165,725	6,061,515	5,959,506	209,748	-	209,748	218,865
Population health services	2,460,920	2,585,274	2,350,732	83,717	-	83,717	82,143
Community care services	5,983,354	5,608,043	5,285,302	203,544	-	203,544	216,203
Home based services - acute & palliative	759,387	754,893	704,092	25,833	-	25,833	25,829
Primary health care services	5,031,930	4,937,092	4,742,445	171,178	-	171,178	165,032
Emergency response services	3,538,247	3,755,865	3,701,339	126,756	-	126,756	123,260
Mental health services - inpatient/residential	1,438,895	1,503,332	1,509,913	48,949	-	48,949	49,699
Physician compensation - community services	1,296,461	1,251,954	1,102,774	-	-	-	-
Program support services	4,753,183	5,017,744	5,299,938	15,996	-	15,996	23,384
Special funded programs	184,319	151,273	154,266	-	-	-	-
Ancillary	-		-	-	-	-	-
TOTAL EXPENSES (Schedule 1)	111,363,522	115,804,810	112,230,262	3,446,290	6,040	3,452,330	3,960,943
Excess of revenue over expenses	$ -	3,516,735	(14,868,829)	2,528,212	18,754	2,546,966	(2,154,050)
Fund balances, beginning of year		1,492,456	(38,715)	77,171,842	1,422,433	78,594,275	97,148,325
Interfund transfers (Note 14)		(423,219)	16,400,000	423,219	-	423,219	(16,400,000)
Fund balances, end of year		$ 4,585,972	$ 1,492,456	$ 80,123,274	$ 1,441,186	$ 81,564,460	$ 78,594,275

The accompanying notes and schedules are part of these financial statements

CYPRESS REGIONAL HEALTH AUTHORITY

STATEMENT OF CASH FLOW

for the year ended March 31, 2011

Statement 3

	Operating Fund		Restricted Fund			
	2011	2010	Capital Fund	Community Trust Fund	Total 2011	Total 2010
Cash provided by (used in):	**Operating Activities**		**Financing and investing activities**			
Excess of revenue over expenditure	$ 3,516,735	$ (14,868,829)	$ 2,528,212	$ 18,754	$ 2,546,966	$ (2,154,050)
Net change in non-cash working capital (Note 7)	(2,446,210)	8,721,744	(36,569)	6,632	(29,937)	104,789
Amortization of capital assets	-	-	3,264,520	-	3,264,520	3,296,594
Change short term investment to long term investment	8,444	1,627	-	-	-	(800,000)
	1,078,969	(6,145,459)	5,756,163	25,386	5,781,549	447,333
Purchase of capital assets						
Buildings/construction	-	-	(741,454)	-	(741,454)	(1,307,308)
Equipment	-	-	(1,333,228)	-	(1,333,228)	(2,316,970)
Proceeds on disposal of capital assets						
Buildings	-	-	-	-	-	-
	-	-	(2,074,681)	-	(2,074,681)	(3,624,278)
Repayment of debt	-	-	(223,837)	-	(223,837)	(216,100)
Net increase (decrease) in cash & short term investments during the year	1,078,969	(6,145,459)	3,457,645	25,386	3,483,031	(3,393,045)
Cash & short term investments, beginning of year	21,579,599	11,325,058	8,163,763	590,801	8,754,564	28,547,609
Interfund transfers (Note 14)	(423,219)	16,400,000	423,219	-	423,219	(16,400,000)
Cash and investments, end of year (Schedule 2)	$ 22,235,349	$ 21,579,599	$ 12,044,627	$ 616,186	$ 12,660,813	$ 8,754,564
Amounts in cash balances						
Cash and short-term investments	$ 22,235,349	$ 21,579,599	$ 12,044,627	$ 616,186	$ 12,660,813	$ 8,754,564

The accompanying notes and schedules are part of these financial statements.

1. Legislative Authority

The Cypress Regional Health Authority (RHA) operates under *The Regional Health Services Act* (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Cypress Health Region, under section 27 of The Act. The RHA is a non-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government. The RHA is a registered charity under the *Income Tax Act* of Canada.

2. Significant Accounting Policies

These financial statements are prepared in accordance with Canadian Generally Accepted Accounting Principles and include the following significant accounting policies.

a) Health Care Organizations

i) The RHA has agreements with and grants funding to the following prescribed HCOs and third parties to provide health services:

McKerracher Support Services Inc.
Canadian Mental Health Association
Ponteix Ambulance
Swift Current Ambulance
Gull Lake Ambulance
Frontier Ambulance
Val Marie Ambulance

Note 9 b) i) provides disclosure of payments to prescribed HCOs and third parties.

ii) The following affiliate, a registered charity under the *Income Tax Act*, is incorporated as follows:

Foyer St. Joseph's Nursing Home Inc.

The RHA provides annual grant funding to this organization for the delivery of health care services. Consequently, the RHA has disclosed certain financial information regarding this affiliate.

The affiliate is not consolidated into the RHA financial statements. Alternatively, Note 9 b) ii) provides supplementary information on the financial position, results of operations, and cash flows of the affiliate.

iii) The Dr. Noble Irwin Regional Healthcare Foundation Inc. (the Foundation) is incorporated under *The Non-Profit Corporations Act* and is a registered charity under *The Income Tax Act*.

Under the Foundation's Articles of Incorporation, the activities of the Foundation are restricted to providing funding for the betterment of healthcare for the people of Southwest Saskatchewan.

These financial statements do not consolidate the financial activities of the Foundation. Alternatively, Note 9 b) iii) provides supplementary information of the Foundation

b) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received or receivable for provision of health services from Ministry of Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries, and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received or receivable from Ministry of Health - General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

c) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a declining balance basis over their estimated useful lives as follows:

Buildings	3%
Land improvements	10 %
Equipment	10 %
Information systems	10 %
Vehicles	20 %

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined.)

e) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen, and other. All inventories are held at the lower of cost or net realizable value as determined on the first in, first out basis.

f) Pension

Employees of the RHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

g) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian Generally Accepted Accounting Principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

h) Financial Instruments

The RHA has classified its financial instruments into one of the following categories: held-for-trading, loans and receivables, or other liabilities.

All financial instruments are measured at fair value upon initial recognition. The fair value of a financial instrument is the amount at which the financial instrument could be exchanged in an arm's-length-transaction between knowledgeable and willing parties under no compulsion to act. Subsequent to initial recognition, held-for-trading instruments are recorded at fair value with changes in fair value recognized in income. Loans and receivables and other liabilities are subsequently recorded at amortized cost. The classifications of the RHA's significant financial instrument are as follows:

- Cash is classified as held-for-trading
- Accounts receivable are classified as loans and receivables
- Investments are classified as held-for-trading. Transaction costs related to held-for-trading financial assets are expensed as incurred.
- Short term bank indebtedness is classified as held-for-trading
- Accounts payable, accrued salaries and vacation payable are classified as other liabilities
- Long-term debt is classified as other liabilities. The related debt premium or discounted and issue costs are included in the carrying value of the long-term debt and are amortized into interest expense using the effective interest rate method.

As at March 31, 2011 (2010 –none), the RHA does not have any outstanding contracts or financial instruments with embedded derivatives.
The RHA is exposed to financial risks as a result of financial instruments. The primary risks the RHA may be exposed to are:

- Price risks which include: Currency risk, affected by changes in foreign exchange rates; Interest rate risk, affected by changes in market interest rates; and Market risk, affected by changes in market prices, whether those changes are caused by factors specific to the individual instrument or the issuer or factors affecting all instruments traded in the market.
- Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss.
- Liquidity risk is the risk that an entity will encounter difficulty in raising funds to meet commitments associated with the financial instruments. This may result from an inability to sell a financial asset quickly at close to its fair value.
- Cash flow risk is the risk that future cash flows associated with a monetary financial instrument will fluctuate in amount.

The RHA has policies and procedures in place to mitigate these risks.

i) Replacement Reserves

The RHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation. Schedule 4 shows the changes in these reserve balances during the year.

3. Capital Assets

	March 31, 2011			March 31, 2010
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	$ 1,422,224	$ -	$ 1,422,224	$ 1,422,224
Land Improvements	918,695	687,577	231,118	256,797
Buildings	76,507,486	21,980,082	54,527,404	55,585,526
Equipment	38,442,897	25,142,281	13,300,615	13,679,195
Information systems	859,032	488,104	370,928	412,143
Vehicles	1,332,803	1,018,128	314,675	114,079
Construction in Progress	113,160	-	113,160	-
	$ 119,596,297	$ 49,316,172	$ 70,280,125	$ 71,469,964

4. Commitments

a) Capital Assets Acquisitions
At March 31, 2011, commitments for acquisition of capital assets were $6,909 (2010 - $669,672).

b) Operating Leases
The minimum annual payments under operating leases on property over the next five years on which the Ponteix Health Centre is located is one dollar for each year. The land is rented from Les Soeurs de Notre Dame d'Auvergne. The lease term is for twenty years effective March 1, 1997 with an option for the Board to renew the lease for a further twenty years on an annual basis. The Board is required to maintain appropriate general liability insurance for the premises.

c) Capital Leases

	2011			2010
	Cost	Accumulated Ammortization	Net Book Value	Net Book Value
Equipment under capital lease	$ 354,745	$ 127,816	$ 226,929	$ 252,144

The equipment is amortized on a declining balance beginning in the year of acquisition.
Minimum annual payments under capital lease on equipment over the full lease term are as follows:

Intrest rate	5.24%
Expiry date	31-Dec-11
2012	$ 61,501
Total minimum lease payments	**61,501**
Amount representing interest	7,862
Balance of the obligation	**53,639**
Less current portion	53,639
Long term portion	**$ -**

d) Contracted Health Service Operators

The RHA continues to contract on an ongoing basis with private health service operators to provide health services in the RHA similar to those provided in the year ending March 31, 2011. Note 9 b) provides supplementary information on Health Care Organizations.

5. Mortgage Payable

Title of Issue	Interest Rate	Annual Repayment Terms	Balance Oustanding 2011	2010
Cypress Lodge Nursing Home CMHC, due February 1, 2023	7.50%	$31,638 principal and interest	$ 250,233	$ 262,879
Gull Lake & District Special Care Home CMHC, due August 1, 2026	8.00%	$44,751 principal and interest	399,180	411,756
Herbert Nursing Home CMHC, due February 1, 2020	4.52%	$55,947 principal and interest $15,952 is subsidized by SHC yielding an effective interest rate of 2%	410,472	447,135
Prairie View Health Centre CMHC, due June 1, 2022	4.17%	$26,370 principal and interest $9,333 is subsidized by SHC yielding an effective interest rate of 1%	236,888	253,096
Swift Current Care Centre CUCORP, due October 1, 2019 Renewal date - October 1, 2014	5.15%	$104,592 principal and interest	709,967	776,120
Western Senior Citizen Home CMHC, due February 1, 2025	8.00%	$25,484 principal and interest	215,240	223,312
			2,221,978	2,374,298
Less : Current Portion			160,978	152,428
			$ 2,061,000	$ 2,221,870

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMHC). The subsidy may change when the mortgage renewal occurs.

For each of the mortgages, the RHA has pledged the related buildings of the special care homes as security. Principal repayments required in each of the next five years are estimated as follows:

2012	$ 160,978
2013	171,024
2014	180,656
2015	190,860
2016	201,672
2017 and subsequent	$ 1,316,788

6. Deferred Revenue

Program	Balance Beginning Of Year	Less Amount Recognized	Add Amount Received	Balance End Of Year
SASK HEALTH INITIATIVES				
Team Facilitator	$ 75,952	$ 7,004	$ -	$ 68,948
Primary Care Admin	14,104	14,104	-	-
RNNP Leader Project	73,785	4,494	-	69,291
Primary Care Team - Pharmacy	53,098	4,151	-	48,947
Primary Care - Leader Physicians	201,788	45,501	-	156,287
Primary Care - Maple Creek Physicians	48,454	-	-	48,454
Professional Development	33,342	33,342	-	-
Quality Workplace	-	-	10,000	10,000
Cultural Awareness Training	4,097	520	15,000	18,577
Nursing Safety Training Initiative	54,859	-	-	54,859
Nursing Model Expansion	47,798	1,374	-	46,424
Advanced Cardiac Life Training	4,768	-	-	4,768
Nursing Professional Development	19,473	14,015	-	5,458
Recruitment of IEN Settlement	25,000	-	-	25,000
Youth Detox Program	66,496	-	-	66,496
A&D Initiative	25,000	9,561	-	15,439
Parent Mentoring	16,000	-	-	16,000
Get Fit Be Fit	4,646	-	-	4,646
Sasksmart	1,682	1,682	-	-
HPV Administration	19,826	7,058	-	12,768
MMR Immunization	21,174	-	-	21,174
MUMPS Administration	-	-	11,700	11,700
Safety Training	120,373	47,838	-	72,535
Integrated Case Management Training	4,677	-	-	4,677
Midwifery	98,341	21,574	-	76,767
Autism Framework	150,000	-	-	150,000
Food & Literacy	1,648	1,648	-	-
Infection control funding	66,258	30,046	58,196	94,408
Paramedica Act changes	21,000	-	-	21,000
Pandemic funding	106,000	106,000	-	-
Physician recruitment	120,000	95,000	-	25,000
2010/11 Biweekly payment #1	3,838,847	3,838,847	-	-
EMT Enhancement Pilot	-	-	84,000	84,000
IPCC conference	-	-	5,992	5,992
IHI Collaborative	-	-	20,000	20,000
Surgical Initiaitive	-	-	790,020	790,020
Radiology Review	-	-	1,294,525	1,294,525
Total Sask Health	**$ 5,338,486**	**$ 4,283,759**	**$ 2,289,433**	**$ 3,344,159**

6. Deferred Revenue – Continued

Non Sask Health Initiatives				
ABI Program Funding	$ 11,118	$ 70,358	$ 83,018	$ 23,778
1st Step	814	-	-	814
Abbott Nutrition Services Education	-	-	3,000	3,000
Donations	192,540	67,855	73,122	197,807
Health Canada - Smoking Cessation	5,629	5,629	-	-
LEAN funding	243,378	77,824	-	165,554
Mental Health Conference	9,450	-	-	9,450
Regina Qu'Appelle - Autism Funding	-	-	40,000	40,000
Releasing time to care	8,097	8,097	-	-
Sanofi Aventis - CDM funding	60,000	32,793	-	27,207
Seniors Safety Expo	-	-	1,834	1,834
SUN Partnership	223,884	48,490	-	175,393
U. of S. Pharmacy Initiative	10,000	-	5,000	15,000
Total Non Sask Health	**$ 764,909**	**$ 311,047**	**$ 205,974**	**$ 659,836**
Total Deferred Revenue	**$ 6,103,394**	**$ 4,594,806**	**$ 2,495,407**	**$ 4,003,995**

7. Net Changes in Non-cash Working Capital

	Operating Fund		Restricted Funds			
	2011	2010	Capital Fund	Community Trust Fund	Total 2011	Total 2010
(Increase) Decrease in accounts receivable	$ 270,157	$ (101,640)	$ (36,569)	$ 6,632	$ (29,937)	$ 104,789
(Increase) Decrease in inventory	323,044	(254,787)	-	-	-	-
(Increase) Decrease in prepaid expenses	(24,975)	145,676	-	-	-	-
Decrease in other current assets	-	-	-	-	-	-
(Decrease) in accounts payable	1,660,846	482,454	-	-	-	-
Increase in accrued salaries	(2,951,934)	341,690	-	-	-	-
Increase in vacation payable	376,051	14,198	-	-	-	-
Increase (Decrease) in deferred revenue	(2,099,399)	6,094,152	-	-	-	-
	$ (2,446,210)	$ 8,721,744	$ (36,569)	$ 6,632	$ (29,937)	$ 104,789

7. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2011, was $38,932 (2010- $40,079).

8. Related Parties

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards, and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at exchange amounts which approximate prevailing market charged by those organizations and are settled on normal trade terms.

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Minister of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

	2011	2010
Revenues		
Health Quality Council	$ 4,555	$ 325,834
Saskatchewan Association of Health Organizations	564,883	1,501,000
Saskatchewan Government Insurance	151,124	133,368
Worker"s Compensation Board (Saskatchewan)	279,403	269,704
Related Party Revenues	$ 999,965	$ 2,229,906
Expenditures		
Minister of Finance	$ 87,928	$ 84,785
Minister of Health	-	5,025
Ministry of Government Services	702,042	760,239
Public Employees Pension Plan	178,158	188,497
Regina Qu'appelle Health Region	682,125	761,076
Saskatchewan Association of Health Organizations	3,341,069	3,075,494
Saskatchewan Health Employees Pension Plan	4,562,949	3,825,328
Saskatchewan Health Information Network	129,524	45,892
SaskEnergy Incorporated	630,102	642,368
Saskactchewan Power Corporation	731,038	674,862
Sasktachewan Telecommunications Holding Corporation	520,124	446,323
Saskatchewan Government Insurance	16,071	13,840
Worker"s Compensation Board (Saskatchewan)	1,632,197	914,187
Related Party Expenditures	$ 13,213,327	$ 11,437,916
Accounts Payable		
Health Quality Council	$ 7,258	$ -
Minister of Health	8,588	6,726
Ministry of Government Services	40,122	41,032
Public Employees Pension Plan	-	7,049
Regina Qu'appelle Health Region	188,966	106,798
Saskatchewan Association of Health Organizations	265,560	252,888
Saskatchewan Health Employees Pension Plan	352,076	303,669
Saskatchewan Health Information Network	-	19,426
SaskEnergy Incorporated	129,147	79,905
Saskactchewan Power Corporation	60,345	55,321
Sasktachewan Telecommunications Holding Corporation	39,364	40,874
Worker"s Compensation Board (Saskatchewan)	95,130	91,672
Related Party Payable	$ 1,186,556	$ 1,005,360

b) Health Care Organizations

i) Prescribed Health Care Organizations and Third Parties

The RHA has also entered into agreements with prescribed HCOs and Third Parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to prescribed HCOs and Third Parties:

	2011	2010
McKerracher Support Services Inc	$ 128,400	$ 130,648
Canadian Mental Health Association	175,496	154,789
Gull Lake Ambulance	142,350	135,728
Ponteix Ambulance	206,976	206,976
Val Marie Ambulance	124,394	115,969
Frontier Ambulance	144,638	144,146
Swift Current Ambulance	840,948	832,023
	$ 1,763,202	$ 1,720,278

ii) Affiliates

The Act makes the RHA responsible for the delivery of health services in its region including the health services provided by a privately owned affiliate. The Act requires the affiliate to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the RHA. The RHA exercises significant influence over the affiliate by virtue of its material inter-entity transactions. There is also an interchange of managerial personnel, provision of human resources and finance/administration function with the affiliate.

The following presentation discloses the amount of funds granted to the affiliate:

	2011	2010
Foyer St. Joseph Nursing Home		
- Operating	$ 1,796,377	$ 1,531,236
- Capital	-	11,650
	$ 1,796,377	$ 1,542,886

Ministry of Health requires additional reporting in the following audited financial summaries of the affiliate entities for the years ended March 31, 2011 and 2010.

	Total 2011 (audited)	Total 2010 (audited)
Balance Sheet		
Assets	$ 954,318	$ 780,788
Net Capital Assets	457,403	499,780
Total Assets	$ 1,411,721	$ 1,280,568
Total Liabilities	$ 203,477	$ 131,225
Total Net Assets (Fund Balances)	1,208,244	1,149,343
Total Liabilities & Fund Balances	$ 1,411,721	$ 1,280,568
Results of Operations		
RHA Grant	$ 1,796,377	$ 1,538,886
Other Revenues	500,409	512,850
Total Revenue	2,296,786	2,051,736
Salaries & Benefits	1,957,718	1,665,619
Other Expenses	280,167	260,109
Total Expenses	$ 2,237,885	$ 1,925,728
Excess Revenue over Expenses	$ 58,901	$ 126,008
Cash Flows		
Cash from Operations	$ 192,459	$ 164,414
Cash used in Financing Activities	(14,421)	-
Cash provided by (used in) Investing Activities	(363,585)	(20,079)
Increase/(Decrease) in Cash	$ (185,547)	$ 144,335

iii) Fund Raising Foundations
Fund raising efforts are undertaken through a non-profit business corporation known as the Dr. Noble Irwin Regional Healthcare Foundation (the Foundation). The RHA has an economic interest in the Foundation. The Foundation's total expenses of $429,801 (2010 - $337,980) include capital contributions of $406,160 and operating contributions of $23,641 to the RHA.

10. Comparative Information

Certain 2010-11 balances have been reclassified to conform to the current year's presentation.

To correctly reflect restricted contributions relating to general operations as deferred revenue the following 2010 balances have been restated.

	2010 As Previously Recorded	Restatement	2010 As restated
Liabilities	25,069,942	192,540	25,262,481
Operating Fund balances, beginning of year	92,964	(131,678)	(38,715)
Operating fund balances, end of year	1,684,996	(192,540)	1,492,456
Operating Revenue	97,422,294	(60,861)	97,361,433
Excess or expenses over revenue	(14,807,968)	(60,861)	(14,868,829)

11. Pension Plan

Employees of the RHA participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multiemployer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).
2. Public Service Superannuation Plan (a related party) - This is also a defined benefit plan and is the responsibility of the Province of Saskatchewan.
3. Public Employees' Pension Plan (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to the plans is limited to making required contributions to these plans according to their applicable agreements. Pension expense is included in Compensation – Benefits in Schedule 1 and is equal to the RHA contributions amount below.

	2011				2010
	SHEPP	PSSP	PEPP	Total	Total
Number of active members	1,359	-	18	1,377	1,382
Member contribution rate, percentage of salary	7.20 - 9.60%	-	5.00 - 7.00%		
RHA contribution rate, percentage of salary	8.064 - 10.75%		5.00 - 7.00%		
Member contributions	4,387,651	-	87,600	4,475,251	3,783,592
RHA contributions	4,914,173	-	87,600	5,001,773	4,226,842

*Contribution rate varies based on employee group

1. Active members include all employees of the RHA, including those on leaves of absence as of March 31, 2011. Inactive members are transferred to SHEPP and not included in these results.

12. Budget

The RHA Board approved the 2010-11 budget plan on May 12, 2010.

13. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing, and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Credit risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from Ministry of Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other provinces. Therefore, the credit risk is minimal.

c) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.
  - accounts receivable
  - accounts payable
  - accrued salaries and vacation payable

- Cash, short-term investments and long-term investments are recorded at fair value as disclosed in Schedule 2, determined using quoted market values.

- The fair value of mortgages payable and long-term debt before the repayment required within one year is $2,272,042 (2010 - $2,435,404) and is determined using the discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements, net of mortgage subsidies

d) Short-term Borrowing/Operating Line-of-credit

The RHA has a line-of-credit limit of $1,000,000 (2010 - $1,000,000) with an interest charged at prime less 1/2%, which is re-negotiated annually. The line-of-credit is secured by region assets. Total interest paid on the line-of-credit in 2011 was $ nil (2010 - $ nil). This line-of-credit was approved by the Ministry.

14. Interfund Transfers

Each year the RHA transfers amounts between its funds for various purposes. These include funding capital asset purchases and reassigning fund balances to support certain activities.

	2011			2010		
	Operating Fund	Capital Fund	Community Trust Fund	Operating Fund	Capital Fund	Community Trust Fund
Building renovations	$ -	$ -	$ -	$ -	$ 15,975	$ (15,975)
Capital asset purchases	(423,219)	423,219	-	-	25,000	(25,000)
Other	-	-	-	16,400,000	(16,400,000)	-
	$ (423,219)	$ 423,219	$ -	$ 16,400,000	$ (16,359,025)	$ (40,975)

The inter-fund transfer in 2010 of $16,400,000 from the capital fund to the operating fund was a result of a ministerial directive. The Ministry released the restriction on the capital funding for the Maple Creek project in order to offset a $16,400,000 reduction in the Region's operating funding.

15. Volunteer Services

The operations of the RHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

16. Community Generated Funds

Under the terms of the pre-amalgamation agreement, the RHA has agreed to hold community-generated assets in trust. The Board established a separate fund for the assets of each trust. Health corporations formerly held these assets before amalgamating with the Board. The assets are interest bearing with the interest credited to the trust balance. The Board presently administers $1,441,186 (2010 - $1,422,433) under these agreements.

Following is the status of the trust funds at March 31, 2011:

Each trust fund has a "Trust Advisory Committee" which is appointed by the various towns, villages, hamlets, and rural municipalities served by the pre-amalgamation agency. The trust funds are for the benefit of the ratepayers of the various municipalities and shall be used for health related purposes. The pre-amalgamation agreements outline how the funds are to be used and administered.

17. Future Accounting Changes

The Canadian Institute of Chartered Accountants approved an amendment to require Government Not-For-Profit Organizations reporting under section 4400 of the CICA handbook to move to reporting under section 4200 to 4270 of the Public Sector Accounting Handbook. This change is effective for fiscal years beginning on or after January 1, 2012. The impact of this change is expected to be minimal at this point in time.

CYPRESS REGIONAL HEALTH AUTHORITY

Schedule of Expenses

for the year ended March 31, 2011

Schedule 1

	Budget 2011	Actual 2011	Actual 2010
Operating:			
Advertising & public relations	$ 57,898	$ 54,992	$ 48,884
Board costs	80,000	79,044	100,789
Compensation - Benefits:			
WCB employer premium	1,035,977	1,120,925	1,005,859
Other compensation benefits	11,198,509	11,702,530	10,757,244
Compensation - Salaries	66,960,344	68,749,223	68,770,024
Continuing education fees & materials	251,938	163,922	203,881
Contracted-out services - Other	445,286	472,139	599,213
Diagnostic imaging supplies	168,800	155,959	163,050
Dietary supplies	65,750	33,253	29,273
Drugs	1,149,312	1,079,355	1,078,695
Food	1,955,034	1,865,688	1,915,639
Grants to ambulance services	1,471,351	1,443,381	1,434,842
Grants to health care organizations	2,655,626	2,832,985	2,576,204
Housekeeping & laundry supplies	749,208	732,865	826,927
Information technology contracts	362,847	373,039	366,962
Insurance	302,659	271,624	262,563
Interest	18,000	13,869	18,710
Laboratory supplies	1,138,235	1,207,944	1,021,061
Medical & surgical supplies	2,184,225	2,209,413	2,147,463
Medical remuneration & benefits			
WCB employer premium	-	-	-
Other medical remuneration & benefits	10,184,813	10,912,648	9,905,450
Meetings	-	-	-
Office supplies & other office costs	1,143,333	1,024,298	1,023,610
Other	436,466	1,448,044	342,898
Professional fees	708,274	638,813	673,439
Prosthetics	310,000	351,223	352,421
Purchased salaries	132,928	108,346	120,041
Rent/lease/purchase costs	726,309	878,736	919,263
Repairs & maintenance	1,051,719	1,574,626	1,396,362
Service contracts	925,325	990,642	892,067
Supplies - Other	262,194	240,047	236,265
Therapeutic supplies	-	-	-
Travel	1,161,507	1,157,662	1,124,478
Utilities	2,069,655	1,917,575	1,916,684
Total Operating Expenses	$ 111,363,522	$ 115,804,810	$ 112,230,262
Restricted:			
Amortization		$ 3,264,520	$ 3,296,594
Loss/(Gain) on disposal of fixed assets		-	-
Mortgage Interest Expense		135,763	154,548
Other		52,047	509,801
		$ 3,452,330	$ 3,960,943

CYPRESS REGIONAL HEALTH AUTHORITY
SCHEDULE OF CONSOLIDATED INVESTMENTS
As at March 31, 2011

Schedule 2

	Fair Value	Maturity	Effective Rate
Restricted Investments			
Cash and Short Term			
Chequing and Savings :			
Concentra	$ 12,044,627		
Royal Bank (Shaunavon)	187,851		
Sandhills Credit Union (Leader)	109,248		
Cypress Credit Union (Maple Creek)	40,010		
Credit Union (Eastend)	14,446		
Royal Bank (Climax)	25,546		
CIBC (Mankota)	38,568		
	$ 12,460,295		
Short Term Investments:			
Eastend Credit Union	$ 150,000	12/12/2011	1.20%
CIBC (Mankota)	42,053	6/9/2011	0.75%
Various Membership Equities	8,466		
	$ 200,518		
Total Cash & Short Term Investments	$ 12,660,813		
Long Term Investments:			
Cypress Credit Union (Maple Creek)	$ 800,000	2/11/2015	2.50%
Total Long Term Investments	$ 800,000		
Total Restricted Investments	**$ 13,460,813**		
Unrestricted Investments			
Cash and short term			
Chequing and savings			
Concentra	$ 20,323,765		
Petty Cash	7,660		
Petty Cash (Trust)	1,250		
RBC Dominion Securities	36,860		
BMO Nesbitt Burns	1		
	$ 20,369,536		
Short Term Investments			
AGF Trust Company GIC	54,364	12/15/2011	1.65%
Equitable Trust GIC	100,000	12/15/2011	1.81%
Home Trust GIC	100,000	12/15/2011	1.80%
Province of Ontario	1,611,449	2/12/2012	4.50%
	$ 1,865,813		
Total Cash & Short Term Investments	$ 22,235,349		
Long Term			
Canada Savings Bond	$ 45,120	01/11/2016	0.65%
Canada Savings Bond	200,534	10/31/2017	0.65%
Various Membership Equities	45		
Total Long Term Investments	$ 245,699		
Total Unrestricted Investments	**$ 22,481,048**		
Total Investments	**$ 35,941,861**		

Restricted & Unrestricted Totals	
Total Cash & Short Term	$ 34,896,162
Total Long Term	1,045,699
Total Investments	**$ 35,941,861**

Restricted Investments consist:
- Community generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3); and
- Replacement reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation (CMHC) and/o Saskatchewan Housing Corporation (an agency of the Ministry of Social Services)(SHC) are held in the Capital Fund (Schedule
- Donations and internally restricted reserves

CYPRESS REGIONAL HEALTH AUTHORITY

Schedule of Externally Restricted Funds
for the year ended March 31, 2011

Schedule 3

CAPITAL FUND

	Balance, beginning of year	Investment Income	Additions & Donations	Expenses	Withdrawals	Balance, end of of year
Donations	$ 945,189	$ -	$ 106,301	$ (20,646)	$ -	$ 1,030,844
Total Capital Fund	**$ 945,189**	**$ -**	**$ 106,301**	**$ (20,646)**	**$ -**	**$ 1,030,844**

COMMUNITY TRUST FUND EQUITY

Trust Name	Balance, beginning of year	Investment & Other Income	Additions & Donations	Expenses	Withdrawals	Balance, end of of year
Maple Creek - Hospital	$ 634,923	$ 17,275	$ -	$ -	$ -	$ 652,198
Maple Creek - Cypress Lodge	192,901	3,352	-	-	-	196,253
Shaunavon Hospital & Care Centre	186,434	1,417	-	-	-	187,851
Eastend Wolf Willow Health Centre	163,431	1,050	-	(10)	-	164,471
Prairie View Health Centre (Mankota)	78,512	1,507	6,632	(30)	(6,000)	80,621
Leader Hospital	101,461	-	-	-	-	101,461
Border Health Centre	25,353	193	-	-	-	25,546
Western Senior Citizens Home	7,787	-	-	-	-	7,787
Mankota Trust Loan	31,632	-	-	-	(6,632)	25,000
Total Community Trust Fund	**$ 1,422,433**	**$ 24,794**	**$ 6,632**	**$ (40)**	**$ (12,632)**	**$ 1,441,186**
Total Externally Restricted Funds	**$ 2,367,622**	**$ 24,794**	**$ 112,933**	**$ (20,686)**	**$ (12,632)**	**$ 2,472,031**

CYPRESS REGIONAL HEALTH AUTHORITY

Schedule of Internally Restricted Funds

(Capital and Operating Fund Equity)

for the year ended March 31, 2011

Schedule 4

	Balance, beginning of year	Investment income allocated	Annual allocation from unrestricted fund	Transfer to unrestricted fund (expenses)	Transfer to investment in capital asset fund balance	Balance, end of of year
Capital						
SHC Replacement Reserves						
Cypress Lodge	$ 122,993	$ 1,533	$ -	$ -	$ (5,117)	$ 119,409
Gull Lake Special Care Centre	103,519	1,290	-		(5,117)	99,692
Herbert Nursing Home	56,311	702	10,234	-	-	67,246
Western Senior Citizen Home	78,858	983	-	-	-	79,841
Total SHC	$ 361,681	$ 4,508	$ 10,234	$ -	$ (10,234)	$ 366,189
Other Internally Restricted Funds						
Saskatchewan Health Restricted						
SHIN Capital Fund	189,703	-	-	-	-	189,703
Infastructure Funding Fiscal 2008-09	2,966,384	-	10,089	(624,965)	-	2,351,507
Capital Funding Fiscal 2008-09	142,256	-	-	(142,256)	-	-
Patient Safety Funding 2008-09	91,036	-	-	(69,308)	-	21,728
Diagnostic Imaging Funding 2008-09	146,064	-	-	(146,064)	-	-
Maple Creek Facility funding	2,200,739	23,995	3,700,000	(113,160)	-	5,811,574
Swift Current Long Term Care Planning	47,506	-	-	(11,583)	-	35,923
Cypress Regional Hospital	400,000	-	-	-	-	400,000
Capital Funding Fiscal 2009-10	671,500	-	-	(424,477)	-	247,023
Leader Facility Funding	-	-	125,000	-	-	125,000
Capital Funding Fiscal 2010-11	-	-	450,000	-	-	450,000
Infastructure Funding Fiscal 2010-11	-	-	700,000	-	-	700,000
Surgical Capital Funding Fiscal 2010-11	-	-	350,000	-	-	350,000
Region restricted						
Eastend Wolf Willow Health Centre	50,343	-	-	-	-	50,343
Total Internally Restricted Funds	$ 7,267,211	$ 28,503	$ 5,345,323	$ (1,531,814)	$ (10,234)	$ 11,098,989

CYPRESS REGIONAL HEALTH AUTHORITY

BOARD MEMBER REMUNERATION

for the year ended March 31, 2011

Schedule 5a

RHA Members	2011 Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	Total	2010 Total
Bragg, Tyler	$ 9,960	$ 11,272	$ 2,813	$ 4,449	$ -	$ 889	$ 29,382	$ 36,115
Anderson, Elaine	-	-	-	-	-	-	-	4,868
Busby, Pamela	-	3,625	1,464	2,258	-	192	7,539	12,145
Deg, Bruce	-	-	-	-	-	-	-	2,559
Duncan, Donald	-	925	346	502	-	-	1,772	3,226
Heeg, Ronald	-	3,688	790	840	-	-	5,318	4,902
Lewis, Donald	-	2,200	950	1,394	-	25	4,570	7,926
Quintin, Lyle	-	2,500	250	409	-	83	3,242	4,526
Smith, Judy	-	2,900	1,553	2,506	-	144	7,102	7,971
Stephens, Larry	-	3,325	885	1,805	-	-	6,015	3,263
Whiteside, Brian	-	2,075	63	19	-	59	2,216	2,720
Wilson, Terry	-	2,200	478	578	-	86	3,342	4,129
Total	$ 9,960	$ 34,710	$ 9,590	$ 14,760	$ -	$ 1,478	$ 70,497	$ 94,350

CYPRESS REGIONAL HEALTH AUTHORITY

SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES, AND SEVERANCE

for the year ended March 31, 2011

Schedule 5b

Senior Employees	2011 Salaries[1]	Vacation Payout[1,3]	Sub-total (Total Salaries)	Benefits and Allowances[2]	Severance Amount	Total	2010 Salaries, Benefits & Allowances[1,2]	Severance	Total
Jim Homell - CEO	$ 4,548	$ 38,353	$ 42,901	$ -	$ -	$ 42,901	$ 178,080	$ -	$ 178,080
Beth Vachon - CEO	158,376	17,365	175,741	536	-	176,276	-	-	-
Kim Kruse - Director Executive and Board Support	69,173	-	69,173	-	-	69,173	66,732	-	66,732
Bryce Martin - Executive Director Communications	86,508	24,751	111,259	-	-	111,259	123,984	-	123,984
Beth Vachon - Executive Director Community Health Services	-	-	-	-	-	-	139,699	-	139,699
Beth Adashynski - Executive Director Quality and Privacy	113,677	5,205	118,881	-	-	118,881	99,852	-	99,852
Edward Harding - Executive Director Finance	4,537	18,916	23,453	-	33,718	57,171	139,358	-	139,358
Larry Allsen - Executive Director Finance	140,648	-	140,648	-	-	140,648	-	-	-
Brenda Schwan - Executive Director Human Resources	169,443	18,826	188,269	-	-	188,269	139,417	-	139,417
Christine Mirka - Executive Director Health Services	58,829	1,887	60,715	536	-	61,251	140,365	-	140,365
Gloria Illerbrun - Executive Director Health Services	100,174	-	100,174	536	-	100,710	-	-	-
Dr. Khami Chokani - Medical Health Officer	-	-	-	-	-	-	49,653	-	49,653
Dr. David Torr - Medical Health Officer	193,223	-	193,223	-	-	193,223	-	-	-
Dr. I Radevski - Senior Medical Officer	122,794		122,794	-	-	122,794	122,794	-	122,794
Total	$ 1,221,928	$ 125,303	$ 1,347,231	$ 1,607	$ 33,718	$ 1,382,556	$ 1,199,934	$ -	$ 1,199,934

1. Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lumpsum payments, and any other direct cash remuneration.

2. Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable professional development, education for personal interest, non-accountable relocati

3. Senior management was required to have prior years outstanding vacation paid out in 2009-10.

APPENDIX A

Saskatchewan Ministry of Health Information:

Government of Saskatchewan

Patient First Review:

The Patient First Review

In November 2008, Health Minister Don McMorris announced the launch of the *Patient First Review*, under the leadership of long-time health administrator Tony Dagnone, Commissioner of the review.

The review asked two key questions:

- Is the health system putting the patient first?
- Is the health system achieving best value in care delivery and system administration?

For Patients' Sake – Commissioners Recommendations:
http://www.health.gov.sk.ca/Default.aspx?DN=79bf4a96-ff32-486d-b4ab-c0d2d4d42922

The Need for Transformation in Health Care Administration (by Deloitte):
http://www.health.gov.sk.ca/Default.aspx?DN=c4733b11-57a3-4633-aa7a-c5851389e100

The Need for More Effective Patient- and Family-Centred Care (by KPMG):
http://www.health.gov.sk.ca/Default.aspx?DN=435c79e0-67cf-47ff-a8e0-b5149de16db8

Surgical Initiative Program:

Saskatchewan Surgical Initiative putting the Patient First

Saskatchewan is making progress on its plan to transform surgical care for patients.

The *Saskatchewan Surgical Initiative* is striving to improve surgical patients' care experience and ensure that by 2014, all patients have the option of receiving their surgery within three months.

http://www.health.gov.sk.ca/saskatchewan-surgical-initiative

Saskatchewan Covered Population Report:

The *Saskatchewan Covered Population Report* is published annually by Saskatchewan Health and is a count of all persons who held Saskatchewan health coverage on June 30th of that specific year. The Covered Population is not a census since it only counts persons who are registered for provincial health coverage and not every person who may have been a resident in Saskatchewan on June 30th.

http://www.health.gov.sk.ca/population-stats

Cypress Health Region Information:

Cypress Health Employee Staffing Strategies (CHESS):

The Ministry of Health, with its provincial budget for 2011/12, has set new targets for the Cypress Health Region to reduce costs for overtime, sick time, and workers compensation. CHESS is the acronym of a series of strategies being implemented by Cypress Health in response to these targets. Cypress Health strategies and resources are taking on a new look (CHESS) with an energetic approach to support our commitment to enhance workplace excellence: identify opportunities, challenges, and solutions to achieve our targets!

Details on the CHESS strategies can be found at: http://www.cypresshealth.ca/CHESS.htm

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The Source:

The Cypress Health Region publishes a quarterly publication, *The Source,* to households and residents throughout southwest Saskatchewan. This publication is filled with health information, programs, and events offered throughout the Cypress Health Region.

Electronic versions of *The Source* can be found at: http://www.cypresshealth.ca/commnewsletters.htm

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Oral Health Screening Report:

Community Health Services: Population Health (CHS-PH), Dental Health Promotion Program, Cypress Health Region, conducted an oral health screening of Grade One and Grade Seven students in the region during the 2008-2009 school years.

The purpose of this screening was to assess the oral health status and to identify children with unmet dental needs and refer for treatment.

An electronic version of the complete *Oral Health Screening Report* is available at: http://www.cypresshealth.ca/documents/Cypress-DSR2008-09FinalSeptember2010.pdf

Saskatchewan Health Quality Council Information:

Releasing Time to Care (RTC):

Releasing Time to Care™ is a program developed by the National Health Institute's (NHI) Institute for Innovation and Improvement that is currently being implemented in Saskatchewan. It is a patient-centred approach to improving the quality of care on acute care nursing units, by freeing up caregivers' time for more direct patient care.

RTC, The Productive Ward ™ (Cypress Health Region website):
http://www.cypresshealth.ca/releasingtimetocare.htm

RTC, The Productive Ward ™ (Health Quality Council website):
http://www.hqc.sk.ca/portal.jsp?QsA+X1UyFd0vRhvh6/qyPDBIzBf0QfLQkUwK4QBZaJvEYgnWT8wYaVVvI5thiwzu

RTC, The Productive Ward ™ (United Kingdom website):
http://www.institute.nhs.uk/quality_and_value/productivity_series/productive_ward.html

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Quality Insight: QUALITY INSIGHT
Measuring. Learning. Improving.

Quality Insight is a new source of information on the quality of health care in Saskatchewan. While it is primarily designed for health care providers, managers, and leaders to support their work in making our system better and safer for Saskatchewan residents, it also provides the public with access to information about how our health system is performing.

http://www.qualityinsight.ca

APPENDIX B

Payee Disclosure Lists

As part of their commitment to accountability and transparency, the Ministry of Health and the Cypress Health Region disclose payments by payee for the 2010-11 fiscal year. The Government of Saskatchewan Treasury Board determines the threshold for payees (individuals, affiliates, and other organizations) requiring disclosure and for the 2010-11 fiscal year the minimum threshold has been maintained at $50,000.

The *Payee Disclosure Lists* include payments for the following categories, with information to be included as follows:

- *Personal Services* – stated amounts include all payments made to individuals throughout the fiscal year and ***are not restricted to base salary payments***. Payments to individuals who are unionized or non-unionized employees and contracts where an 'employee/employer' relationship has been established. The recorded amounts include regular base pay, overtime, lump sum payments, honoraria/retainers/per diems, severance pay, non-taxable career assistance, education leave allowance, taxable employee education expenses, car allowances, any other direct cash remuneration including sick leave, vacation, short-term disability, and differentials which total $50,000 or more.
    - Contracts – the total amount paid (over the threshold) if an 'employee/employer' relationship exists. If the relationship does not exist and the payment is over the minimum threshold, the amount is reported as a 'Supplier Payment'.
- *Supplier Payments* – payees who received $50,000 or more for the provision of goods and/or services, including supplies, contracts, and equipment; contracts over the minimum threshold of contacts where an 'employer/employee' relationship does not exist.
- *Transfers* – listed, by program, transfers to recipients who received $50,000 or more for program grants, funding, foundations, donations, sponsorships, and Health Care Organizations.

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2011

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 68 for details on what is included in the amounts below)* which total $50,000 or more.

ABDURAHMAN	ADEL	104,565
ACHTER	ANGIE	54,677
ACHTER	CANDLLE	79,116
ADAM	DIANA	66,738
ADAMSKA	TERESA	93,833
ADAMY	ALI	74,256
ADASHYNSKI	BETH	121,255
ADDAI	MATILDA	82,552
ADDAI	STEPHAN	304,274
ADWEDAA	EBENEZER	361,814
ALDAG	MARLENE	104,419
ALEXANDER	PATRICIA	91,919
ALLEN	ASHLEY	67,753
ALLSEN	LARRY	146,617
ALTWASSER	DARCY	55,771
AMAN	RALPH	84,076
AMUNDSON	SIBRENA	57,307
AN	JI HOON	97,131
ANDERSON	AMANDA	74,179
ANDERSON	IRENE	62,739
ANDERSON	MARY	89,883
ANDREAS	DAPHNE	105,531
ARMSTRONG	GENEVIEVE	99,162
ARMSTRONG	NADINE	69,401
ARMSTRONG	SHANNON	88,603
ARNAL	CHANTAL	71,034
ARNOLD	CORINNE	90,511
ARWINI	MOHAMAD	447,826
ASHTEKAR	VEEJAY	389,661
BAIN	GORDON	56,749
BANMAN	LEANNE	65,869
BARKER	BETTY	62,942
BARRETTO	IGNACIO	165,819
BEN ISSA	ENTISAR	58,743
BENJAMIN	CAROLE	50,664
BERG	DOROTHY	54,307
BERG	KAREN	55,898
BIDAUX	JOYCE	59,073
BISSONNETTE	DEBORAH	73,917
BITZ	DONNA	64,183
BLAKE	CANDACE	92,629
BLANKE	ASHLEY	80,260
BOLDING	LAUREEN	54,990
BOLLMAN	JULIE	83,974
BOLTON	ERIN	82,450

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 68 for details on what is included in the amounts below)* which total $50,000 or more.

BOOTH	DWIGHT	111,275
BORUCH	SHEILA	61,813
BOSSE	CHARLOTTE	50,263
BOTH	JEAN	53,616
BOUTILIER	BRADLEY	66,062
BOUTIN	BRITANY	53,650
BRAATEN	DAWN	60,897
BRABENDER	BEATRICE	87,712
BRADLEY	RHONDA	67,469
BRAUN	KAREN	80,258
BREHM	ADRIANA	51,292
BREHM	KAREN	90,334
BRIDAL	LINDA	81,424
BRIGGS	LEAH	68,924
BROKS	DIANE	110,443
BROWN	LANA	88,581
BROWN	LEANNE	64,582
BROWN	PATRICIA	99,674
BROWNE	GRANT	93,973
BRYNGELSON	CHERYL	67,309
BUCKINGHAM	EMILY	59,557
BURNETT	WANDA	63,687
BURTON	SUSAN	74,341
BURTON	VALERIE	60,071
BYE	LISA	79,750
BYMOEN	CRAIG	55,638
CAISSIE	WENDY	63,103
CALOW	MICHELLE	85,306
CAMERON	KATHERINE	103,048
CAMMER	NOREEN	53,949
CAPPELLE	LYRIS	80,143
CARIGNAN	MELISSA	76,372
CARLETON	FAUNA	55,258
CARLETON	GLENDA	52,986
CARLETON	MYRA	94,924
CARR	GLADYS	52,462
CASAMAYOR	SUSAN	98,879
CASSIDY	JENNIFER	60,934
CAVE	MILA	68,688
CEDERHOLM	SUSAN	100,005
CHIKOPELA	ROSTINA	115,831
CHISHOLM	JOHN	84,957
CHISHOLM	MARGARET	53,345
COCHRANE	IDA	62,932
CODERRE	COLETTE	66,750

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2011

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 68 for details on what is included in the amounts below)* which total $50,000 or more.

COLE	HEATHER	62,178
CONEYS	DAVID	74,499
COREY	CRYSTAL	68,275
COULTER	TERRY	92,043
COULTER	VALERIE	95,236
CREIGHTON	JOYCE	89,442
CROCKETT	SHARON	54,161
CRONAN	CARLA	76,398
CROZIER	SHELLY	51,953
CUNNINGHAM	GAIL	61,172
CUPPLES	LYNN	50,787
DAHL	KATHLEEN	57,827
DAS	JIBAN	194,021
DAWSON BRIERE	SHELLEY	87,960
DE KLERK	HEIN	192,099
DEBRUYNE	BONNIE	51,718
DEG	ARLENE	50,057
DEKOWNY	PATRICIA	60,178
DEMPSEY	SHEILA	90,458
DENESOVYCH	CONSTANCE	77,777
DEOBALD	MARLENE	64,858
DERMODY	MARIE	64,006
DESHAIES	MARIE	98,094
DOKKEN	DONNA	53,308
DRISCOLL	JOAN	53,738
DRUMMOND	CINDY	104,526
DUECK	BARRY	62,662
DUECK	BONITA	55,032
DUECK	BRENDA	67,285
DUNCAN	DAVID	63,690
DUNCAN	TAMMY	104,162
DUNN	GREGORY	120,709
DUNNINGTON	ARLENE	81,399
DYCK	CAROL	88,326
DYCK	DAWN	97,989
DYCK	LARRY	59,850
DYCK	LORIE	69,523
DYCK	NANCY	54,332
DYCK	RYAN	72,043
EAST	KAREN	67,559
EBNER	STEPHANIE	58,394
EDDY	CAROL	99,009
EIDSNESS	RUTH	101,873
ELSASSER	RAYLENE	81,923
EMPEY	BONNIE	120,860

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 68 for details on what is included in the amounts below)* which total $50,000 or more.

EMPEY	STACIE	59,723
ENS	JILLIAN	53,679
ENTEM	CATHERINE	51,729
EPP	MARY	51,422
ERIKSON	LEE	86,163
EVENSON	BONNIE	66,708
EWEN	CLAYTON	55,783
FAKHIR	SHAMSUDDIN	346,511
FALK	ALYSHA	60,194
FEHR	HELEN	117,696
FEHR	MARGARET	93,233
FEIL	ROXANNE	65,450
FERGUSON	BRITNY	57,980
FESCHUK	MELANIE	97,033
FINLAY	LAURIE	57,679
FITZPATRICK	ELAINE	81,475
FLATERUD	FLORENCE	74,954
FLEURY	BRENDA	100,381
FLEURY	DEAN	68,509
FLYNN	PENNY	64,271
FOLBAR	AGNES	56,474
FORTMAN	SANDRA	64,918
FOSSUM	EILEEN	89,317
FREDERICK	SHANNON	63,721
FRIESEN	MARGARET	83,049
FRIESEN	YVETTE	80,264
FRITZ	BONNIE	87,981
FROEHLICH	CINDY	58,151
FROESE	BRITTANY	59,034
FROESE	JULIE	53,873
FROYMAN	DEBRA	66,378
GARDNER	TERRY	63,782
GARIES	ELAINE	61,745
GARIES	JOHN	80,316
GARRETT	MICHELE	54,288
GATES	GLENDA	83,024
GATES	JILL	55,895
GATZKE	JASON	192,588
GERARD	YOLANDE	51,339
GETZ	MARY	85,534
GHORI	AQEEL	60,102
GIBSON	CORINNA	50,804
GIESBRECHT	BRADFORD	71,290
GIESBRECHT	JESSICA	53,613
GILLANDERS BELL	TARA	92,778

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2011

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 68 for details on what is included in the amounts below)* which total $50,000 or more.

GILLIES	INES	58,487
GILLIS	DOROTHY	57,102
GINTER	LAURA	67,884
GIZEN	JUNE	92,892
GLOVER	SHARRON	59,525
GLYDON	ORLA	92,470
GODDARD	SUSANNE	82,615
GOLD	KARLA	89,708
GOLDEN	BARBARA	83,287
GORDON	KATHY	59,544
GORDON	MARIANNE	72,511
GOUDY LODOEN	LAURA	97,445
GOVENDER	RAJAN	318,225
GRAND	KAREN	77,386
GRANT	GREGORY	86,764
GRANT	JANELL	97,626
GREEN	STEPHANIE	99,881
GROVES	BRENDA	116,547
HAICHERT	TEEJAY	71,968
HAIDT	NICOLETTE	64,057
HALDERMAN	PEOTTA	77,671
HALL	GLORIA	76,902
HALL	TRISHA	56,887
HALVORSON	CINDY	71,840
HALYK	MORGAN	54,554
HAMM	BONNY	94,197
HAMM	DONNA	76,428
HANNA	SHANNON	67,320
HANSEN	JESSIE	83,416
HANSON	FERN	93,187
HANSON	MARIE	87,809
HARDER	MYRNA	62,900
HARDING	EDWARD	55,667
HARDY	TRICIA	68,557
HARLE	ROBIN	70,202
HARLICK	SANDRA	83,077
HARRISON	YOLANDA	91,519
HART	SHELLY	65,985
HARTLEY	VALERIE	110,104
HAUBRICH	YVONNE	60,777
HAWKINS	KRISTIN	95,888
HEINRICHS	LORRAINE	107,138
HEINRICHS	MORAG	105,948
HEISER	BEVERLEY	65,532
HENNIG	JENNIFER	93,247

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 68 for details on what is included in the amounts below)* which total $50,000 or more.

HERTER	MELISSA	57,730
HILDEBRAND	CAROL	73,934
HILTS	ELAINE	65,877
HITTEL	CLARA	67,000
HODGSON	MARYANN	72,936
HOFFARTH	SHARON	91,386
HOLDERBEIN	MARGARET	62,605
HOLDERBEIN	SHARLENE	112,109
HOLDERBEIN	VALERIE	83,844
HOLMES	PEGGI	99,908
HOPE	CRYSTAL	106,088
HOQUE	MOHAMMED	81,897
HORNUNG	SHERRY	112,312
HOUDE	IRENE	51,937
HOVDESTAD	RENEE	102,927
HOWELL	MARY ROSE	67,409
HUBER	PAMELA	81,667
HUMPHREY	TRINA	52,956
HUNTER	JACQUELIN	64,386
HUNTER	TIMOTHY	84,101
HUXTED	JENNIE	63,004
HYATT HIEBERT	RACHEL	77,678
IBRAHIM	JANELLE	57,786
ILLERBRUN	GLORIA	146,488
ILLERBRUN	PATRICIA	64,045
JAHNKE	ELAINE	65,553
JAMES	TERRY LEE	75,381
JANIS	PENNY	61,507
JARLIGO REIMER	KENNET	63,149
JARRETT	JOY	51,140
JENSEN	WENDY	75,106
JOHNSON	KATHI	84,276
JOHNSON	V	61,706
JOHNSTON	JOSEPHINE	58,744
JONES	TRACEY	90,877
JONES	YVONNE	100,010
JOYCE	AMANDA	73,831
KALINOWSKI	DAWN	118,926
KANNENBERG	TYLER	76,590
KASSETT	SURESH	72,069
KEHLER	ROXANNE	86,363
KESSY	CONNIE	95,884
KETTNER	MARIE	79,626
KHALIFA	NAGIB	58,100
KHONJE	TED	65,191

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2011

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 68 for details on what is included in the amounts below)* which total $50,000 or more.

KIELLY	ANDREW	148,486
KILCHER	NORMA	131,072
KING	ROBERT	73,519
KIRK	MICHELLE	94,117
KLAASSEN	TODD	70,878
KLASSEN	PAMELA	56,461
KLEIN	PATRICIA	64,451
KLINK	BONNIE	57,855
KNAKOSKE	SUSAN	58,013
KNOWLTON BRODZIAK	SHELLY	85,194
KNOX	CATHERINE	66,264
KNOX	LISA	63,146
KOCHAN	BRENDA	75,327
KOELLMEL	HEATHER	92,864
KOZINSKI	KERRI	71,182
KRAHN	ELAINE	71,261
KRAHN	LINDA	51,136
KRAUSE	MARILYN	104,967
KRUG	MICHAEL	53,970
KRUSE	KIM	69,467
L HEUREUX	JOAN	97,456
LAFONTAINE	ANGELA	66,214
LAIRD	MERCY	95,023
LANG	DEBORAH	50,731
LEE	TARA	56,554
LEIN	CARMEN	50,575
LEIS	HELENE	104,995
LEMAY	LYNDA	90,173
LENUIK	PHYLLIS	59,284
LESLIE	DONNA	88,640
LEVORSON	DENISE	73,243
LINDER	LOIS	95,982
LINDSAY	BARBARA	69,680
LINES	ALEXIS	56,421
LIS	ROSE	115,440
LJUNGGREN	BERYL	64,816
LONGMORE	DEBRA	83,430
LOVERIN	BRANDI	61,687
LOWE	LINDA	97,598
LOWE	RICKY	89,790
LUBEGA	BONIFACE	348,168
LUCHENSKI	SHELLY	79,745
LUEBBE	MARILYN	80,365
LUNDBERG	LYNN	68,775
MABIFA	OLASUNKANMI	65,502

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 68 for details on what is included in the amounts below)* which total $50,000 or more.

MABIFA	OLASUNKANMI	250,913
MACLEOD	DAVID	55,056
MACLEOD	JANE	52,602
MACWILLIAM	CORNELIA	121,834
MAH	CHERI LYN	86,711
MAHAFFEY	SANDRA	70,767
MAHFUD	AHMED	120,380
MALASKY	PATRICIA	54,053
MALLECK	NASEEM	441,245
MANNLE	WADE	91,045
MARAIS MEDICAL PROF		105,007
MARTENS	MAUREEN	52,871
MARTENS	MELLISA	69,720
MARTENS	TANYA	74,415
MARTIN	BRYCE	111,903
MARTIN	RHONDA	51,041
MASON	TAMMY	87,709
MAURER	WANDA	53,727
MAY	LEAH	56,487
MCCONNELL	ANDREA	63,162
MCCONNELL	MIKE	69,826
MCCUAIG	CAROLINE	105,364
MCCUAIG	CHESTER	79,939
MCGREGOR	LINDSAY	64,563
MCKINNON	MILTON	69,795
MEINERT	RANA	97,419
MEYER	ERLA	113,227
MEYER	HOLLY	101,932
MEYERS	LYNN	69,973
MIGNEAULT	BRITTANY	75,495
MILLAR	MIKKI	108,410
MILLER	BRENDA	54,726
MIRKA	CHRISTINE	59,106
MISSON	JANET	90,458
MITCHELL	LORI	101,818
MOBERG	HEATHER	92,588
MOBERG	SHERRY	57,072
MOBERG	TERRI	98,585
MOEN	ALICE	72,740
MOIR	LINDA	52,565
MONK	CRYSTAL	89,596
MOOLA	DAWOOD	220,425
MORCK	EUNICE	65,774
MORGAN	SAMUEL	113,265
MORSTAD	MAUREEN	54,759

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2011

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 68 for details on what is included in the amounts below*) which total $50,000 or more.

MOSER	LILY ANNE	67,703
MOSER	LORENE	52,010
MUDINGAY	KABUYA	261,592
MUDRY LAUTSCH	MARILYN	83,775
MUMBY	DEBRA	53,057
MUNROE	ROBIN	94,353
MURCH	FRANCES	60,454
MURDOCH	JENIFER	52,405
MUZYKA	ANGELA	62,780
NAGEL	NANCY	54,203
NEUFELD	YVONNE	54,799
NEUSTAETER	WESLEY	76,379
NEVARD	M FERN	98,112
NEWTON	CURTIS	66,552
NICHOLSON	SUSAN	80,778
NORDIN	COLLEEN	90,144
NORDWICK	RITA	67,896
NORRISH	KATRINA	71,976
NYSTROM	ANGELINE	52,693
OGLOFF	DARCIE	62,887
OJO	ALABA	564,502
OLFERT	MICHELLE	79,031
OLFERT	VICTORIA	56,923
OLMSTED	PATRICIA	88,285
OLSEN	CRYSTAL	82,174
OLSEN	ERIN	71,039
OLSGARD	LINDA	60,449
OLSON	ANGELA	72,870
OLSON	LANETTE	53,647
OMAN	LORI	52,275
ORR	REGGIE	84,295
ORTMAN	JOAN	97,129
OSTRANDER	PHYLLIS	52,332
PAINTSIL	JAMES	360,066
PALANGI	MONGA-N'DIMO	238,102
PALMIER	DEANNA	110,079
PANKO	KARLENE	62,156
PANKO	RICK	55,035
PATERSON	HARRIET	52,184
PAUL	LEONA	66,154
PAUL	SANDRA	59,756
PAULSON	LORNA	109,221
PAVELY	TAMI	55,298
PEDERSON	VERNA	81,162
PENNER	MARY JEAN	80,287

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 68 for details on what is included in the amounts below*) which total $50,000 or more.

PERRIN	CYNTHIA	72,621
PERRIN	GRANT	74,033
PETERS	ELEANOR	97,477
PETERS	EUNICE	75,408
PHILIP	CYNTHIA	75,548
PHILLIPS	GEORGINA	61,803
PILKEY	LAURIE	90,326
PILON	LAURA	53,785
PLATT	DONNA MAR	89,611
PLEWIS	LORRIE	72,464
POMMIER	KAREN	50,165
POMPU	THERESA	79,319
POWELL	FAY	51,376
PRITCHARD	LORI	118,218
PURVES	TAMMY	76,517
RACKOW	ELIZABETH	89,675
RADEVSKI	IVO	478,730
RATNAYAKE	JAYANATH	55,524
RAYMOND	SIGNE	96,569
REAVIE	EVAN	53,371
REGIER	TRENTON	116,622
REID	LYNN	64,687
REIMER	BRIAN	53,717
REIMER	KYLA	54,280
REIMER	MELISSA	68,631
REINBOLT	BARBY	90,072
REINHART	KRISTIN	51,415
REMPEL	MARGARETE	93,971
REMPEL	MAUREEN	91,683
RENWICK	MARY	80,900
RESENDES	SUSAN	86,300
RICE	JOANNE	75,204
RICHARDSON	CHRISTINA	100,878
ROBERTSON	MARGARET	64,212
ROBINS	LINDA	63,266
ROCHE	RACQUEL	86,002
ROCKABAR	CHRISTINE	54,655
ROUSE	DONNA	65,561
ROWLEY	LYNETTE	52,470
ROY	LAUREEN	65,575
RUDD	KENNETH	98,143
RUETZ	CATHERINE	100,205
RUETZ	HEATHER	50,147
RUNCIE	ELLEN	112,788
RUSCHKOWSKI	JOY	56,240

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2011

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 68 for details on what is included in the amounts below*) which total $50,000 or more.

SAGADAHL	ANITA	136,047
SARGENT	MARILYN	70,113
SAVOY	EFFIE	131,476
SCHAFER	DELVINA	53,662
SCHELLENBERG	VIVIAN	85,054
SCHERGER	KATHY	88,840
SCHINDEL	BEVERLEY	59,980
SCHNEIDER	SHELLEY	66,820
SCHULTZ	ABBY	81,714
SCHWAN	BRENDA	191,591
SCHWAN	JEFFERY	111,114
SCHWARTZ	MARTA	81,655
SCOTT	CAROL	71,609
SCOTT	LYDA	57,731
SEABORG	DEBORAH	59,407
SEKERAK	DEBRA	65,416
SELENSKI	DONNA	69,885
SERWADDA	ROSEMARY	54,152
SHAH	SYED MUNIR	399,521
SHAPAN	MUSTAFA	321,846
SHAW	BONNIE	89,005
SHOTTER	MICHAEL	98,797
SIGURDSON	ESTHER	106,929
SIMMONS	MEGAN	51,632
SINGH	LORETTA	80,242
SKELTON	MARG	118,681
SLETTEN	DEANNA	64,970
SMART	MAXINE	87,662
SMITH	ALLISSIA	63,425
SMITH KLASSEN	ALISON	90,524
SMOUT	ALICE	93,219
SMUK	CONNIE	64,949
SMUK	GREGORY	91,190
SONEN	CYNTHIA	67,893
SONSTEBY	LOUISE	61,357
SOOS	ERIN	69,720
STEARNS	LINDA	57,303
STEENBERG	LOURENS	119,035
STEINKE	KARYN	113,105
STEVENSON	DANIEL	98,811
STEVENSON	JILL	72,398
STEWART	RAELENE	83,703
STIMSON	MARIE	72,821
STOCK	NORMA	50,141
STOLSON	SUSAN	75,040

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 68 for details on what is included in the amounts below*) which total $50,000 or more.

STOLSON	VALERIE	68,174
STONE	ANDREA	88,958
STRICKER	ROSALYN	51,987
STUART	TARRA	76,920
SUNDE	RONALD	52,349
SWANSON	KIMBERLY	72,560
TAGBOTO	SENYO	61,675
TALAGA	D LORES	75,328
TARDIF	MARY	68,040
TAYLOR	BRENDA	89,633
THERRIEN	JANICE	89,225
THERRIEN	JOANNE	54,213
THOMAS	LEANNE	107,810
THORESON	EDNA	54,762
TIMBRELL	SUSAN	68,317
TONEY	CATHY	56,451
TORR MEDICAL	P.C. INC. DAVID	193,223
TOURIGNY	KRISTA L	67,402
TRAUTWEIN	JOYCE	61,501
TREEN	JACQUALIN	84,322
TURNER	KELLI	53,316
UNGER	DEBORAH	63,046
VACHON	ELISABETH	181,455
VALLEE	SUSAN	97,500
VALOUCHE	MEGHAN	59,337
VAN BREDA	ALTA	100,491
VAN DER BERG	NICOLAAS	170,687
VAN NUS	MATTHEW	71,490
VANCE	NICOLE	88,763
VANDERSTEEN	ALINE	82,099
VANSTONE	JACQUELIN	108,087
WAGMAN	BRANDI	73,467
WALLISER	LINDA	109,003
WARD	EMILY	57,894
WARDER	BRENDA	88,977
WATTS	LEANNE	62,727
WEBER	KEN	92,541
WEBER	RHODA	72,113
WELLS	CAROL	113,427
WELSH	LAURA	94,278
WENZEL	COLETTE	92,633
WEPPLER	BRENDA	100,849
WHARTON	TERRY	228,977
WHITE	LAURA	100,103
WIEBE	GLENDA	94,202

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2011

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 68 for details on what is included in the amounts below)* which total $50,000 or more.

WIEBE	MARION	80,250
WIEBE	SHARI	66,437
WIEBE	TRACY	69,773
WIELER	MEGAN	98,589
WIENS	KAREN	54,658
WIG	LAURIE	71,116
WILLIAMS	SHANNON	74,279
WILLMAN JOHNSTON	RHONDA	53,753
WILLS	SHEILA	62,901
WILLS	SHIRLEY	54,765
WILMS	ILA	89,497
WILSON	LORELEI	59,851
WILSON	PATRICIA	65,118
WILSON	WENDY	99,228
WINQUIST BANG	BRANDACE	73,226
WINSOR	WILLIAM	60,202

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 68 for details on what is included in the amounts below)* which total $50,000 or more.

WOELK	FLORENCE	77,559
WOELK	VALERIE	95,111
WONG	AUDRA	63,630
WONG	RUTH	57,163
WOODS	LAVONNE	93,480
WOODS	MARYANN	72,558
WOTHERSPOON	DONNA	92,829
WOTHERSPOON	KRISTEN	51,761
WRIGHT	PATRICIA	76,120
YOUNG	SHERRY	64,249
ZACHARIAS	BRANDI	58,325
ZACHARIAS	CAROLYNN	59,978
ZACHARIAS	LYLE	57,199
ZANIDEAN	ERIN	56,014
ZANIDEAN	VANESSA	87,986

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2011

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment (Refer to Page 68 for details on what is included in the amounts below).

ABBOTT LABORATORIES LTD.	108,049
AGFA INC.	85,036
ALCON CANADA INC.	388,616
BARD CANADA INC.	56,427
BAXTER CORPORATION	97,071
BECKMAN COULTER	190,578
BIOMED RECOVERY & DISPOSAL LTD	85,871
BIO-RAD LABORATORIES	69,673
BUNZL CANADA	176,699
CARDINAL HEALTH CANADA INC.	373,603
CHARIS MEDICAL	134,489
CHERRY INSURANCE INC.	156,232
CHINOOK REFRIGERATION	65,680
CITY OF SWIFT CURRENT	309,269
COLL OF PHYSICIANS & SURGEONS	82,103
COUNTRY CLUB DISTRIBUTORS	269,439
COVIDIEN RESPIRATORY	50,346
COVIDIEN SURGICAL	292,674
CPDN/LYNDEN LOGISTICS	262,829
DE LAGE LANDEN	69,005
DELL CANADA INC.	74,854
DEMERS AMBULANCE	260,188
DOMCO CONSTRUCTION INC.	241,501
ECOLAB LTD	85,323
ENTERPRISE RENT-A-CAR	61,294
G.E. HEALTHCARE CANADA	294,504
GRAND & TOY LTD.	174,358
GREAT WEST LIFE - GL	485,223
HBI OFFICE PLUS INC.	78,059
HEALTHCARE INSURANCE RECIPROCAL	142,256
HILL-ROM CANADA LTD.	62,730
HOSPIRA HEALTHCARE CORP	304,934
HSAS	75,608
JOHNSON & JOHNSON CLINICAL	474,730
KARL STORZ ENDOSCOPY CANADA	50,418
LEICA MICROSYSTEMS CANADA INC	57,159
LONDON LIFE INSURANCE COMPANY	106,650
MACMOR INDUSTRIES LTD	54,284
MACPHERSON, LESLIE & TYERMAN	78,046
MARSH CANADA LTD	154,109
MASTERCARD	243,232
MCKESSON CANADA	231,322
MCKESSON DISTRIBUTION PARTNERS	186,204
MEDICAL IMAGING CONSULTANTS	997,783

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment (Refer to Page 68 for details on what is included in the amounts below).

MEDI-TECH 1287189 ALBERTA LTD.	60,305
MELHOFF ELECTRIC (77) LTD.	141,147
MINISTER OF FINANCE	104,620
MOTOROLA CANADA LIMITED	302,439
OFFICE OUTFITTERS	53,913
OLYMPUS CANADA INC.	203,337
PENNEY MURPHY & ASSOCIATES	61,163
PHILIPS HEALTHCARE	168,018
PIONEER CO-OP	68,790
PUBLIC EMPLOYEE PENSION PLAN	185,206
QUALITY LIFE SERVICES INC.	309,555
RADIOLOGY ASSOCIATES OF REGINA	175,942
RECEIVER GENERAL	20,539,617
REGINA QU'APPELLE HEALTH REGION	788,259
RIVERSIDE ELECTRIC LTD.	413,304
ROCKWAY ENTERPRISES LTD. O/A	61,812
SAHO	301,234
SAHO - DENTAL	782,858
SAHO - DIP	1,615,322
SAHO - ENHANCED HEALTH PLAN	1,801,715
SAPUTO	119,987
SASK ENERGY	710,006
SASK POWER	786,193
SASK PROPERTY & MANAGEMENT	760,722
SASKTEL CMR	559,814
SASKWORKS VENTURE FUND INC.	78,897
SCHAAN HEALTHCARE PRODUCTS	581,788
SEIU	565,778
SERVICE MASTER OF SWIFT CURRENT	68,137
SHEPP	9,210,857
SHIN	167,143
SIEMENS HEALTHCARE DIAGNOSTICS	111,105
SRNA	145,005
STANTEC ARCHITECTURE LTD.	62,569
STERIS CANADA LTD.	130,177
STEVENS COMPANY LTD.	116,404
SUN	330,840
SUPERIOR VACUUM & JANITORIAL	62,768
SWIFT PLUMBING & HEATING	129,832
SYSCO FOOD SERVICES-WEST INC	1,311,043
TANDBERG CANADA INC.	210,245
TREEN PACKERS LTD	57,946
WASTE MANAGEMENT	55,078

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2011

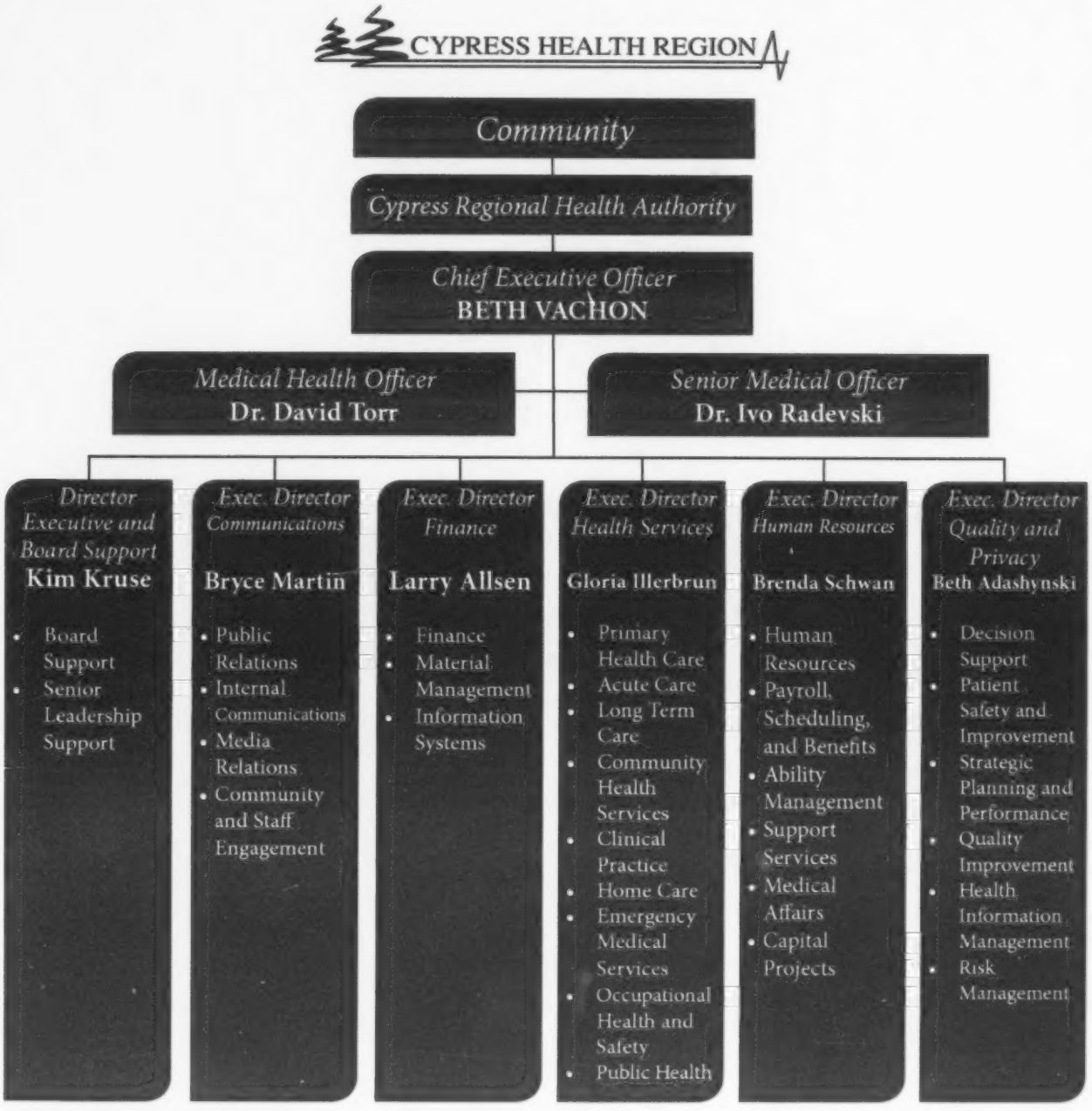
Transfers

Listed, by program, are transfers to recipients who received $50,000 or more (Refer to Page 68 for details on what is included in the amounts below).

CANADIAN MENTAL HEALTH	176,006
FOYER ST. JOSEPH NURSING HOME	1,796,377
FRONTIER AMBULANCE	144,638
GULL LAKE AMBULANCE	142,350
MCKERRACHER SERVICES	128,400
PONTEIX AMBULANCE	206,976
SWIFT CURRENT AMBULANCE	840,948
VAL MARIE AMBULANCE	124,394

APPENDIX C

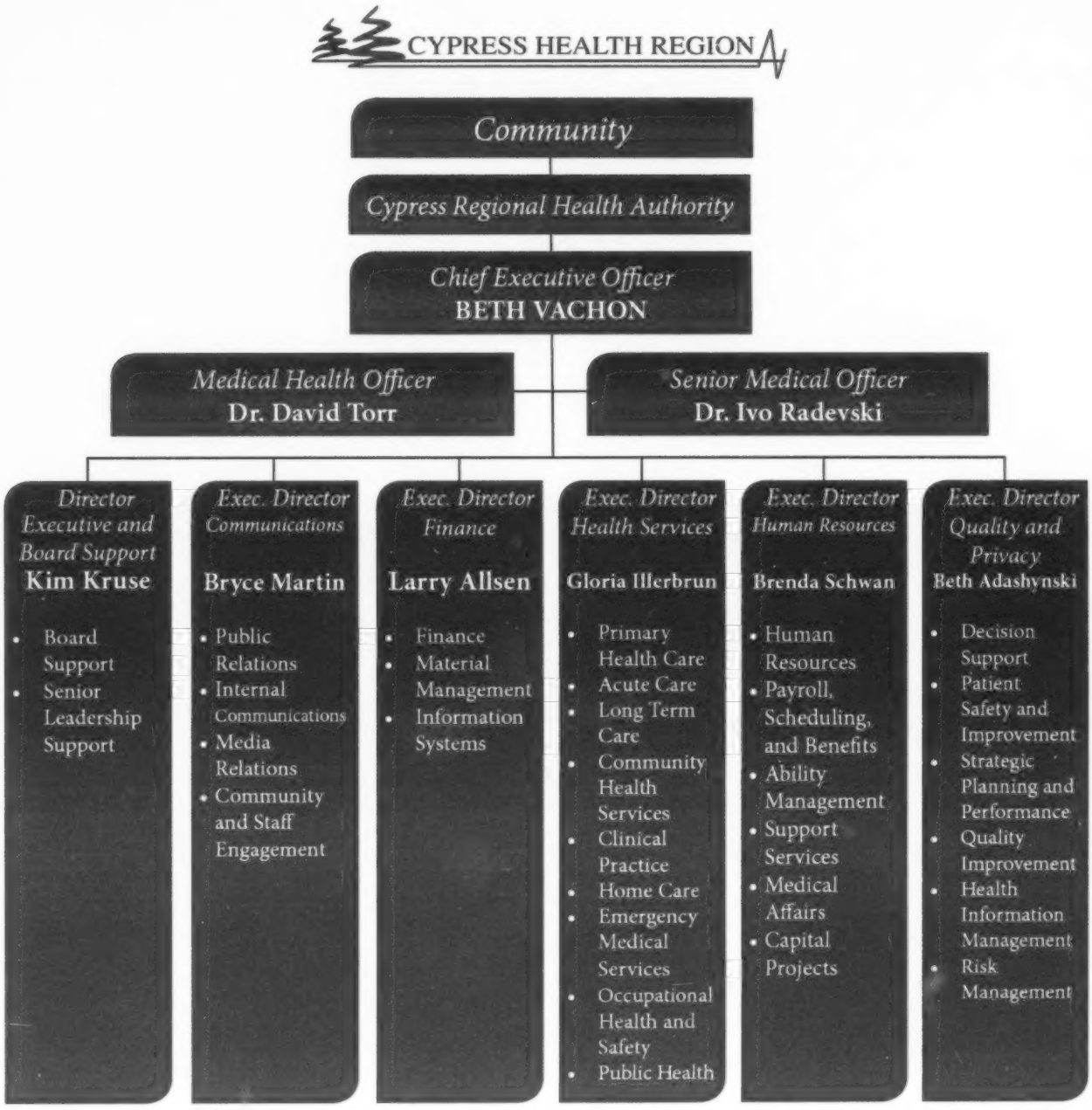
Organization Chart



**As of March 31, 2011*

APPENDIX C

Organization Chart



**As of March 31, 2011*

CYPRESS HEALTH REGION

REGIONAL OFFICE - 429 – 4TH Avenue NE, Swift Current, SK S9H 2J9 Telephone: (306) 778-5100 or Toll Free – 1-888-461-7443
Fax: (306) 773-9513 Email: info@cypressrha.ca Website: www.cypresshealth.ca

Please refer to our website for a complete phone listing.

The area code for all numbers listed is 306

AMBULANCE SERVICES

EMERGENCIES DIAL 9-1-1

HealthLine
1-877-800-0002
www.healthlineonline.ca

COMMUNITY HEALTH SERVICES

ALL SERVICES

Swift Current 778-5280
Rural Areas 1-866-786-2510

ADDICTION SERVICES

Swift Current 778-5280
Maple Creek 662-5340

MENTAL HEALTH

Leader 628-3166
Maple Creek 662-5339
Shaunavon 297-2644
Swift Current 778-5280
(After Hours) 778-9522

PUBLIC HEALTH

Gull Lake 778-5184
Herbert 778-5287
Leader 628-3160
Maple Creek 662-4112
Ponteix 625-5102
Shaunavon 297-2644
Swift Current 778-5280
Public Health Inspections 778-5280
Rural Areas 1-866-786-2510

COMMUNITY HEALTH SERVICES

Border Health Centre (Climax) 293-2222
Eastend Wolf Willow Health Centre 295-3534
Primary Health Care (PHC) Site 295-4184
Gull Lake Health Centre 672-4700
Hodgeville Health Centre (PHC Site) 677-2292
Ponteix Health Centre 625-3382
Prairie Health Care Centre (Cabri) 587-2623
Prairie View Health Centre (Mankota) 478-2200
Vanguard Health Centre (PHC Site) 582-2044

HOME CARE SERVICES

Cabri 587-2921
Climax 293-2241
Eastend 295-3834
Gull Lake 672-4707
Herbert 784-2466
Hodgeville 677-2276
Leader 628-3166
Mankota 478-2339
Maple Creek 662-5333
Ponteix 625-5103
Shaunavon 297-1989
Swift Current 778-9531
Vanguard 582-2044

HOSPITALS

Herbert & District Integrated Health Facility 784-2466
Leader Hospital 628-3845
Maple Creek Hospital 662-2611
Shaunavon Hospital & Care Centre 297-2644
Cypress Regional Hospital 778-9400
Day Surgery 778-9419
Diagnostic Imaging 778-9457
Emergency 778-9412
Health Records 778-9440
ICU 778-9413
Laboratory 778-9563
Medical/Surgical Floor 778-9400
Mental Health Unit 778-9522
Pre-Surgical Screening 778-9530
Social Work 778-9484
Telehealth Facilitator 778-9465
Therapy Services 778-9449
Women & Children Health Services 778-9418

LONG TERM CARE

Cypress Lodge (Maple Creek) 662-2671
Eastend Wolf Willow Health Centre 295-3534
Foyer St. Joseph Nursing Home (Ponteix) 625-3366
Gull Lake Special Care Home 672-4701
Herbert & District Integrated Health Facility 784-2466
Palliser Regional Care Centre (Swift Current) 778-5160
Prairie Health Care Centre (Cabri) 587-2623
Prairie Pioneer Lodge (Swift Current) 778-5192
Prairie View Health Centre (Mankota) 478-2200
Shaunavon Hospital & Care Centre 297-1980
Swift Current Care Centre 773-9371
Western Senior Citizens Home (Leader) 628-3565

SOUTHWEST TRAUMATIC EVENTS RESPONSE TEAM (TERT)

..... 778-5280
(After Hours) 778-9522

COMPLIMENTS, COMMENTS, CONCERNS
778-5115 or 1-888-461-7443
Email: **comments@cypressrha.ca**
Temporary Disruptions: 1-888-461-7443

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